



# Journal of the House

State of Indiana

113th General Assembly

First Regular Session

Twenty-Second Meeting Day

Thursday Morning

February 20, 2003

The House convened at 10:00 a.m. with the Speaker in the Chair.

The invocation was offered by Pastor Annette Briggs, University Baptist Church, Bloomington, the guest of Representative Peggy Welch.

The Pledge of Allegiance to the Flag was led by Representative Welch.

Miss Indiana, Tangra Riggle, sang the Star Spangled Banner.

The Speaker ordered the roll of the House to be called:

T. Adams	Kromkowski
Aguilera	Kruse
Alderman	Kuzman
Austin	LaPlante
Avery	L. Lawson
Ayres	Lehe
Bardon	Leonard
Becker	Liggett
Behning	J. Lutz
Bischoff	Lytle
Borror	Mahern
Bosma	Mangus
Bottorff	Mays
C. Brown	McClain
T. Brown	Moses
Buck	Murphy
Budak	Neese
Buell	Noe
Burton	Orentlicher
Cheney	Oxley
Cherry	Pelath
Chowning	Pflum
Cochran	Pierce
Crawford	Pond
Crooks	Porter
Day	Reske
Denbo	Richardson
Dickinson	Ripley
Dobis	Robertson
Duncan	Ruppel
Dvorak	Saunders
Espich	Scholer
Foley	V. Smith
Frenz	Stevenson
Friend	Stilwell
Frizzell	Stine
Fry	Stutzman
GiaQuinta	Summers
Goodin	Thomas
Grubb	Thompson
Gutwein	Torr
Harris	Turner
Hasler	Ulmer
Heim	Weinzapfel
Herrell	Welch
Hinkle	Whetstone
Hoffman	Wolkins
Kersey	D. Young
Klinker	Yount
Koch	Mr. Speaker

Roll Call 145: 100 present. The Speaker announced a quorum in attendance.

## RESOLUTIONS ON FIRST READING

### House Resolution 12

Representatives Klinker and Scholer introduced House Resolution 12:

A RESOLUTION congratulating Tangra Riggle on her selection as Miss Indiana 2002.

*Whereas, On June 15, 2002, Tangra Riggle, the daughter of Charles and Shawn Riggle, was named Miss Indiana 2002;*

*Whereas, Tangra competed in the 2002 Miss Indiana pageant as Miss North Central Indiana;*

*Whereas, Tangra Riggle, 22 years old, is the oldest of 11 (soon to be 12) siblings;*

*Whereas, Tangra represented the state of Indiana in the 2002 Miss America competition where she was among the top 15 finalists and won the talent competition with her rendition of "God Bless America";*

*Whereas, Her platform issue, "The Wheels of a Dream: Fostering Educational Opportunities for a Brighter Future," represents her desire to help underprivileged people throughout our state;*

*Whereas, Tangra has established two Wheels of a Dream centers in low income neighborhoods in the state and is currently working on a third center to serve the children of the Murdock School District in Lafayette, Indiana;*

*Whereas, Through these centers Tangra has been able to help single mothers work toward a college degree through distance learning, create opportunities for children in welfare dependent households to receive college scholarships, validate and reinforce academic excellence in students through an incentive program funded by local merchants, and demonstrate how community leaders, businesses, and nonprofit organizations can renew and expand their own commitments to education;*

*Whereas, Tangra is a pre-med junior at Purdue University, West Lafayette, Indiana, where she is majoring in English and communications;*

*Whereas, Upon graduation, Tangra's career ambition is to become a pediatrician in private practice;*

*Whereas, Tangra is also a licensed real estate agent and holds a black belt in Tae Kwon Do; and*

*Whereas, With Tangra Riggle serving as an example for the young people of the state of Indiana, the future is indeed bright: Therefore,*

*Be it resolved by the House of Representatives of the General Assembly of the State of Indiana:*

SECTION 1. That the Indiana House of Representatives congratulates Tangra Riggle on her selection as Miss Indiana 2002 and on her participation in the 2002 Miss America Pageant.

SECTION 2. That the Principal Clerk of the House of Representatives shall transmit a copy of this resolution to Tangra Riggle and her family.

The resolution was read a first time and adopted by voice vote.

## HOUSE BILLS ON SECOND READING

### House Bill 1078

Representative Cheney called down House Bill 1078 for second reading. The bill was read a second time by title. There being no

amendments, the bill was ordered engrossed.

#### House Bill 1140

Representative C. Brown called down House Bill 1140 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1150

Representative Lytle called down House Bill 1150 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1243

Representative Ayres called down House Bill 1243 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1263

Representative Avery called down House Bill 1263 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1377

Representative Day called down House Bill 1377 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1408

Representative Ayres called down House Bill 1408 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1421

Representative Chowning called down House Bill 1421 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1434

Representative Welch called down House Bill 1434 for second reading. The bill was read a second time by title.

#### HOUSE MOTION (Amendment 1434-1)

Mr. Speaker: I move that House Bill 1434 be amended to read as follows:

Page 2, line 14, delete "SEC." and insert "SECTION".  
 Page 2, line 15, delete "SEC." and insert "SECTION".  
 Page 3, line 11, strike "it is reasonably".  
 Page 3, line 12, strike "determined that".  
 Page 3, line 12, strike "will not fit in a child".  
 Page 3, line 12, strike "restraint" and insert "**weighs more than eighty (80) pounds or is more than four (4) feet, nine (9) inches tall.**".  
 Page 3, strike line 13.  
 Page 3, line 21, strike "it is reasonably".  
 Page 3, line 22, strike "determined that".  
 Page 3, line 22, strike "will not fit in a child restraint system;" and insert "**weighs more than eighty (80) pounds or is more than four (4) feet, nine (9) inches tall;**".  
 Page 3, line 42, delete "it is reasonably determined that".  
 Page 3, line 42, delete "will not fit in a" and insert "**weighs more than eighty (80) pounds or is more than four (4) feet, nine (9) inches tall.**".  
 Page 4, delete line 1.  
 Page 4, line 12, delete "it is reasonably determined that".  
 Page 4, line 12, delete "will not fit in a" and insert "**weighs more than eighty (80) pounds or is more than four (4) feet, nine (9) inches tall.**".  
 Page 4, delete line 13.  
 Page 6, line 30, delete "(e)" and insert "(f)".

Page 6, line 32, delete "(f)" and insert "(g)".  
 Page 6, line 36, delete "(g)" and insert "(h)".  
 (Reference is to HB 1434 as printed January 31, 2003.)

WELCH

Motion prevailed. The bill was ordered engrossed.

#### House Bill 1540

Representative Welch called down House Bill 1540 for second reading. The bill was read a second time by title.

#### HOUSE MOTION (Amendment 1540-1)

Mr. Speaker: I move that House Bill 1540 be amended to read as follows:

Page 8, line 26, delete ":".  
 Page 8, line 27, delete "(1)".  
 Page 8, line 27, delete "; or".  
 Page 8, delete lines 28 through 29.  
 Page 8, run in lines 26 through 30.  
 Page 8, between lines 31 and 32, begin a new paragraph and insert:

**"(g) Notwithstanding subsection (f), vital records, vital reports, and vital statistics must be made available for inspection and copying by local registrars to a person who is acting as a representative of the news media (as defined by IC 5-14-1.5-2(j))."**

Page 8, line 32, delete "(g)" and insert "(h)".  
 Page 8, line 36, delete "(h)" and insert "(i)".  
 Page 8, line 41, delete "(i)" and insert "(j)".  
 Page 9, line 11, delete "(j)" and insert "(k)".  
 Page 9, line 16, delete "(k)" and insert "(l)".  
 Page 10, line 11, delete ":".  
 Page 10, line 12, delete "(A)".  
 Page 10, line 12, delete "; or".  
 Page 10, delete lines 13 through 14.  
 Page 10, run in lines 11 through 15.  
 Page 11, line 2, delete ":".  
 Page 11, line 3, delete "(A)".  
 Page 11, line 3, delete "; or".  
 Page 11, delete lines 4 through 5.  
 Page 11, run in lines 2 through 6.  
 (Reference is to HB 1540 as printed February 18, 2003.)

WELCH

Motion prevailed. The bill was ordered engrossed.

#### House Bill 1588

Representative Summers called down House Bill 1588 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1595

Representative Duncan called down House Bill 1595 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1620

Representative L. Lawson called down House Bill 1620 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1645

Representative Hasler called down House Bill 1645 for second reading. The bill was read a second time by title.

#### HOUSE MOTION (Amendment 1645-1)

Mr. Speaker: I move that House Bill 1645 be amended to read as follows:

Replace the effective dates in SECTIONS 1 through 3 with "[EFFECTIVE UPON PASSAGE]".

Page 3, line 24, after "Except" insert **"for educational housing"**.

Page 4, line 12, strike "nonprofit housing,".

Page 9, between lines 8 and 9, begin a new line blocked left and insert:

**"However, the tract III real estate may not be used for public or private housing."**

Page 9, after line 35, begin a new paragraph and insert:

**"SECTION 4. An emergency is declared for this act."**

(Reference is to HB 1645 as printed February 18, 2003.)

HASLER

Motion prevailed. The bill was ordered engrossed.

#### House Bill 1653

Representative Bardon called down House Bill 1653 for second reading. The bill was read a second time by title.

#### HOUSE MOTION (Amendment 1653-1)

Mr. Speaker: I move that House Bill 1653 be amended to read as follows:

Page 1, between the enacting clause and line one, begin a new paragraph and insert:

**"SECTION 1. IC 26-1-9.1-102.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 102.5. As used in this chapter, "take free", takes free", "takes the money free", and "takes the funds free", when used in conjunction with a security interest in collateral which is transferred, means that following the transfer the collateral is no longer encumbered by the security interest and the security interest is terminated with respect to the transferred collateral."**

Renumber all SECTIONS consecutively.

(Reference is to HB 1653 as introduced.)

BURTON

Motion prevailed. The bill was ordered engrossed.

#### House Bill 1682

Representative Kromkowski called down House Bill 1682 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1689

Representative Weinzapfel called down House Bill 1689 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1701

Representative C. Brown called down House Bill 1701 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1734

Representative Ayres called down House Bill 1734 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1769

Representative Richardson called down House Bill 1769 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1785

Representative Moses called down House Bill 1785 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1786

Representative Moses called down House Bill 1786 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1797

Representative Chowning called down House Bill 1797 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1808

Representative Bischoff called down House Bill 1808 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1834

Representative Bardon called down House Bill 1834 for second reading. The bill was read a second time by title. There being no amendments, the bill was ordered engrossed.

#### House Bill 1850

Representative Becker called down House Bill 1850 for second reading. The bill was read a second time by title.

#### HOUSE MOTION (Amendment 1850-1)

Mr. Speaker: I move that House Bill 1850 be amended to read as follows:

Page 2, delete lines 21 through 30.

Page 2, line 40, after "may" insert **"file a verified"**.

Page 2, line 41, after "petition" insert **"with"**.

Page 3, between lines 3 and 4, begin a new paragraph and insert:

**"(b) The verified petition must include an affidavit from a person described in section 4(a) of this chapter who has examined or treated the child not more than thirty (30) days before the filing of the verified petition. The affidavit must state that reasonable grounds exist to believe the child named in the petition is a drug or alcohol abuser (as defined in 440 IAC 4.4-1-1)."**

Page 3, line 4, delete "(b)" and insert **"(c)"**.

Page 3, line 6, delete "(c)" and insert **"(d)"**.

Page 3, line 6, after "which the" insert **"verified"**.

Page 3, line 10, after "A" insert **"verified"**.

Page 3, delete lines 14 through 15.

Page 3, line 16, delete "5." and insert **"4."**.

Page 3, line 16, delete "After receiving a petition filed under this chapter, the" and insert **"The juvenile court, after making an ex parte determination that there is probable cause to believe the child is a drug or alcohol abuser (as defined in 440 IAC 4.4-1-1),"**.

Page 3, line 17, delete "juvenile court".

Page 3, line 26, before "If" insert **"The person who performs the assessment under this section must be different from the person who performed the affidavit under 2 of this chapter."**

Page 3, line 32, delete "6. (a)" and insert **"5."**.

Page 3, delete lines 41 through 42.

Page 4, delete lines 1 through 3.

Page 4, line 4, delete "7." and insert **"6."**.

Page 4, delete lines 22 through 25.

Page 4, line 26, delete "8." and insert **"7."**.

Page 4, line 28, delete "6 or 7" and insert **"5 or 6"**.

Page 4, line 29, delete "9." and insert **"8."**.

Page 4, line 34, delete "10." and insert **"9."**.

Page 4, after line 35, begin a new paragraph and insert:

**"Sec. 10. The following may not be used as grounds for prohibiting an affidavit or excluding evidence under this chapter:**

**(1) The physician-patient privilege under IC 34-46-3.**

**(2) The psychologist-patient privilege under IC 25-33-1-17.**

**(3) The counselor-patient privilege under IC 25-23.6-6-1.**

**Sec. 11. The judge of the juvenile court may appoint a guardian ad litem for the child at any time."**

Renumber all SECTIONS consecutively.

(Reference is to HB 1850 as printed February 11, 2003.)

BECKER

Motion prevailed. The bill was ordered engrossed.

## ENGROSSED HOUSE BILLS ON THIRD READING

### Engrossed House Bill 1001

Representative Crawford called down Engrossed House Bill 1001 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning state and local administration and to make an appropriation.

The bill was read a third time by sections and placed upon its passage.

#### HOUSE MOTION (Amendment 1001-25)

Mr. Speaker: I move that Engrossed House Bill 1001 be recommitted to a Committee of One, its author, with specific instructions to amend as follows:

Page 13, line 17, after "increases" insert ", **fringe benefit increases,**".

Page 93, line 8, delete "2002," and insert "**2003,**".

Page 93, line 31, reset in roman "tickets".

Page 93, line 31, delete "tickets, which shall not include a terminal or device".

Page 93, delete lines 32.

Page 93, reset in roman lines 34 through 35.

Page 93, line 36, reset in roman "(11)".

Page 93, line 36, delete "(10)".

Page 93, line 37, reset in roman "(12)".

Page 93, line 37, delete "(11)".

Page 93, line 38, reset in roman "(13)".

Page 93, line 38, delete "(12)".

Page 104, line 11, after "to" insert " **the following:**".

Page 104, line 11, before "fifty" begin a new line block indented and insert:

**"(1) For an entity described in IC 4-33-12-6(b)(1), IC 4-33-12-6(b)(2), IC 4-33-12-6(b)(3), IC 4-33-12-6(d)(1), IC 4-33-12-6(d)(2), IC 4-33-12-6(d)(3), or IC 4-33-12-6(d)(4),"**

Page 104, line 14, after "IC 4-33-12-6." begin a new line block indented and insert:

**"(2) Subject to IC 4-33-12-6(l), for an entity described in IC 4-33-12-6(b)(4) and IC 4-33-12-6(d)(5), IC 4-33-12-6(b)(5) and IC 4-33-12-6(d)(6), and IC 4-33-12-6(b)(6) and IC 4-33-12-6(d)(7), the amount of the supplemental distribution is equal to the difference between the entity's base year revenue (as determined under IC 4-33-12-6) and the total amount of money distributed to the entity during the preceding state fiscal year under IC 4-33-12-6."**

Page 104, line 14, beginning with "After" begin a new line blocked left.

(Reference is to HB 1001 as reprinted February 20, 2003.)

CRAWFORD

There being a two-thirds vote in favor of the motion, the motion prevailed.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee of One, to which was referred Engrossed House Bill 1001, begs leave to report that said bill has been amended as directed.

CRAWFORD

Report adopted.

The question then was, Shall the bill pass?

Roll Call 146: yeas 51, nays 49. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators R. Meeks and Simpson.

## REPORTS FROM COMMITTEES

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was

referred House Bill 1174, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 25-10-1-1.5 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1.5. (a) There is created a board of chiropractic examiners. The board shall consist of seven (7) members appointed by the governor, not more than four (4) of whom may be affiliated with the same political party. Six (6) of the board members must be licensed under this chapter and must have had at least five (5) years of experience as a chiropractor prior to their appointment. One (1) member is to represent the general public and must be:

(1) a resident of this state; and

(2) in no way associated with the profession of chiropractic other than as a consumer.

(b) All members shall be appointed for a term of three (3) years and serve until their successors are appointed and qualified. A vacancy occurring on the board shall be filled by the governor by appointment. Each appointed member shall serve for the unexpired term of the vacating member.

(c) The members of the board are entitled to the minimum salary per diem provided by IC 4-10-11-2.1(b). Members are also entitled to reimbursement for traveling expenses as provided under IC 4-13-1-4 and other expenses actually incurred in connection with the member's duties as provided in the state policies and procedures established by the Indiana department of administration and approved by the budget agency.

(d) The members of the board shall organize by the election of a chairman and a vice chairman from among its membership. The officers serve for a term of one (1) year. The board shall meet at least once each year and on other occasions as it considers necessary and advisable. A meeting of the board may be called by its chairman or by a majority of the members on the board. Four (4) members of the board constitute a quorum for the transaction of business. All decisions are required to be made by a majority vote of the quorum.

(e) The bureau shall provide a secretary of the board and other personnel necessary for the proper performance of the board's duties and responsibilities under this chapter. The board, through the bureau, shall receive and account for all money collected under this chapter and pay the money to the treasurer of state to be deposited by the treasurer in the general fund of the state.

(f) The board may do the following:

(1) Establish reasonable application, examination, and renewal procedures for certification under this chapter.

(2) Use an examination under this chapter that is designed by the board, designed by another person, or designed in part by the board and in part by another person.

(3) Conduct in the manner prescribed by the board examinations of applicants for certification under this chapter. The board may conduct any part of the examinations through a person other than the bureau who is approved by the board. The bureau may conduct any part of the examinations under IC 25-1-5-4.

(4) Issue, deny, suspend, revoke, and renew certificates.

(5) Subject to IC 25-1-7, investigate and conduct hearings, upon complaint against individuals certified or not certified under this chapter, concerning alleged violation of this chapter with hearings to be conducted in accordance with IC 4-21-5.

(6) Initiate the prosecution and enjoinder of a person violating this chapter.

(7) Adopt rules necessary for the proper performance of the board's duties, in accordance with IC 4-22-2.

(8) Maintain a current list of individuals certified under this chapter.

(9) Establish a code of professional conduct.

(10) Adopt rules under IC 4-22-2 to allow chiropractors licensed under this chapter to delegate the manual manipulation, manual adjustment, or manual mobilization of the spinal column or the vertebral column under section ~~14(c)(4)~~ **14(d)(4)** of this chapter.

(11) Adopt rules under IC 4-22-2 establishing standards for the registration and regulation of chiropractic management consultants (as defined by the board under IC 25-10-2).

(12) Set fees for the annual registration of a chiropractic management consultant under IC 25-10-2.

(g) The board shall adopt rules establishing standards for the competent practice of the science of the chiropractic in accordance with IC 4-22-2.

(h) All expenses incurred in the administration of this chapter shall be paid from the state general fund upon appropriation being made in the manner provided by law for the making of appropriations."

Page 1, line 4, after "(b)" insert **"As used in this section, 'manual adjustment' means a skilled, passive, manual maneuver that:**

**(1) carries a joint complex beyond the normal physiological range of motion;**

**(2) is applied without exceeding the boundaries of anatomical integrity of the joint complex or other articulations; and**

**(3) is intended to result in cavitation of the joint or reduce subluxation.**

**(c)".**

Page 1, line 13, strike "(c)" and insert **"(d)".**

Page 2, line 11, strike "(d)" and insert **"(e)".**

Page 2, line 11, strike "(b) or (c)" and insert **"(c) or (d)".**

Page 2, line 18, strike "(e)" and insert **"(f)".**

Page 2, line 18, strike "(b) or (c)" and insert **"(c) or (d)".**

Page 2, line 33, strike "mental".

Page 4, line 7, delete "advise" and insert **"refer".**

Page 4, line 8, delete "contact".

Page 4, line 9, before "or" insert **"optometrist,".**

Page 4, line 9, after "dentist" insert **"and suspend treatment".**

Page 4, line 16, delete "must advise" and insert **"shall:**

**(A) refer".**

Page 4, line 16, delete "contact".

Page 4, line 20, delete "." and insert **"; and**

**(B) suspend treatment.".**

Page 4, line 28, after "referral" insert **"from a physician, podiatrist, psychologist, chiropractor, optometrist, or dentist".**

Page 5, line 19, delete "Notwithstanding IC 25-10-1-14, a physical" and insert **"A physical therapist licensed under this chapter may lawfully provide any service within the scope of physical therapy (as defined in IC 25-27-1-1), notwithstanding any other law.".**

Page 5, delete lines 20 through 22.

Renumber all SECTIONS consecutively.

(Reference is to HB 1174 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 11, nays 0.

C. BROWN, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Roads and Transportation, to which was referred House Bill 1383, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 3, delete "UPON PASSAGE]" and insert "July 1, 2003]:".

Page 3, strike lines 24 through 25.

Page 3, line 26, strike "(2)" and insert **"(1)".**

Page 3, line 27, strike "has held" and insert **"holds".**

Page 3, line 28, strike "before".

Page 3, line 28, delete "August 1, 1999," and insert **"and has been".**

Page 3, line 29, strike "filed an annual".

Page 3, line 30, strike "statement with" and insert **"applied for and been granted an intrastate medical waiver by".**

Page 3, line 31, after "endocrinologist" insert **"or the driver's treating physician".**

Page 3, line 41, after "endocrinologist's" insert **"or treating**

**physician's".**

Page 4, line 7, after "endocrinologist" insert **"or treating physician".**

Page 4, line 10, after "endocrinologist" insert **"or treating physician".**

Page 4, line 12, delete "The driver must meet".

Page 4, line 13, delete "any fitness requirements adopted under IC 9-24-6-2.".

Page 4, line 19, strike "(3)" and insert **"(2)".**

Page 4, line 26, strike "(4)" and insert **"(3)".**

Page 4, line 28, strike "(5)" and insert **"(4)".**

Page 5, delete line 3.

(Reference is to HB 1383 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 13, nays 0.

RESKE, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 1546, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete everything after the enacting clause and insert the following:

SECTION 1. IC 5-10-8-1, AS AMENDED BY P.L.13-2001, SECTION 7, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1. The following definitions apply in this chapter:

(1) "Employee" means:

(A) an elected or appointed officer or official, or a full-time employee;

(B) if the individual is employed by a school corporation, a full-time or part-time employee;

(C) for a local unit public employer, a full-time or part-time employee or a person who provides personal services to the unit under contract during the contract period; or

(D) a senior judge appointed under IC 33-2-1-8;

whose services have continued without interruption at least thirty (30) days.

(2) "Group insurance" means any of the kinds of insurance fulfilling the definitions and requirements of group insurance contained in IC 27-1.

(3) "Insurance" means insurance upon or in relation to human life in all its forms, including life insurance, health insurance, disability insurance, accident insurance, hospitalization insurance, surgery insurance, medical insurance, and supplemental medical insurance.

(4) "Local unit" includes a city, town, county, township, public library, or school corporation. **For purposes of section 6.7 of this chapter, the term includes a state educational institution (as defined in IC 20-12-0.5-1).**

(5) "New traditional plan" means a self-insurance program established under section 7(b) of this chapter to provide health care coverage.

(6) "Public employer" means the state or a local unit, including any board, commission, department, division, authority, institution, establishment, facility, or governmental unit under the supervision of either, having a payroll in relation to persons it immediately employs, even if it is not a separate taxing unit. With respect to the legislative branch of government, "public employer" or "employer" refers to the following:

(A) The president pro tempore of the senate, with respect to former members or employees of the senate.

(B) The speaker of the house, with respect to former members or employees of the house of representatives.

(C) The legislative council, with respect to former employees of the legislative services agency.

(7) "Public employer" does not include a state educational institution (as defined under IC 20-12-0.5-1).

## (8) "Retired employee" means:

- (A) in the case of a public employer that participates in the public employees' retirement fund, a former employee who qualifies for a benefit under IC 5-10.3-8 or IC 5-10.2-4;
- (B) in the case of a public employer that participates in the teachers' retirement fund under IC 21-6.1, a former employee who qualifies for a benefit under IC 21-6.1-5; and
- (C) in the case of any other public employer, a former employee who meets the requirements established by the public employer for participation in a group insurance plan for retired employees.

## (9) "Retirement date" means the date that the employee has chosen to receive retirement benefits from the employees' retirement fund.

SECTION 2. IC 5-10-8-2.2, AS AMENDED BY P.L.286-2001, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 2.2. (a) As used in this section, "dependent" means a natural child, stepchild, or adopted child of a public safety employee who:

- (1) is less than eighteen (18) years of age;
- (2) is eighteen (18) years of age or older and physically or mentally disabled (using disability guidelines established by the Social Security Administration); or
- (3) is at least eighteen (18) and less than twenty-three (23) years of age and is enrolled in and regularly attending a secondary school or is a full-time student at an accredited college or university.

(b) As used in this section, "public safety employee" means a full-time firefighter, police officer, county police officer, or sheriff.

(c) This section applies only to local unit public employers and their public safety employees.

(d) A local unit public employer may provide programs of group health insurance for its active and retired public safety employees through one (1) of the following methods:

- (1) By purchasing policies of group insurance.
- (2) By establishing self-insurance programs.
- (3) By electing to participate in the local unit group of local units that offer the state employee health plan under section 6.6 of this chapter.

**(4) By electing to participate in a group health insurance program under section 6.7 of this chapter.**

A local unit public employer may provide programs of group insurance other than group health insurance for the local unit public employer's active and retired public safety employees by purchasing policies of group insurance and by establishing self-insurance programs. However, the establishment of a self-insurance program is subject to the approval of the unit's fiscal body.

(e) A local unit public employer may pay a part of the cost of group insurance for its active and retired public safety employees. However, a local unit public employer that provides group life insurance for its active and retired public safety employees shall pay a part of the cost of that insurance.

(f) A local unit public employer may not cancel an insurance contract under this section during the policy term of the contract.

(g) After June 30, 1989, a local unit public employer that provides a group health insurance program for its active public safety employees shall also provide a group health insurance program to the following persons:

- (1) Retired public safety employees.
- (2) Public safety employees who are receiving disability benefits under IC 36-8-6, IC 36-8-7, IC 36-8-7.5, IC 36-8-8, or IC 36-8-10.
- (3) Surviving spouses and dependents of public safety employees who die while in active service or after retirement.

(h) A retired or disabled public safety employee who is eligible for group health insurance coverage under subsection (g)(1) or (g)(2):

- (1) may elect to have the person's spouse, dependents, or spouse and dependents covered under the group health insurance program at the time the person retires or becomes disabled;
- (2) must file a written request for insurance coverage with the employer within ninety (90) days after the person retires or

begins receiving disability benefits; and

(3) must pay an amount equal to the total of the employer's and the employee's premiums for the group health insurance for an active public safety employee (however, the employer may elect to pay any part of the person's premiums).

(i) A surviving spouse or dependent who is eligible for group health insurance under subsection (g)(3):

- (1) may elect to continue coverage under the group health insurance program after the death of the public safety employee;
- (2) must file a written request for insurance coverage with the employer within ninety (90) days after the death of the public safety employee; and
- (3) must pay the amount that the public safety employee would have been required to pay under this section for coverage selected by the surviving spouse or dependent (however, the employer may elect to pay any part of the surviving spouse's or dependents' premiums).

(j) A retired or disabled public safety employee's eligibility for group health insurance under this section ends on the earlier of the following:

- (1) When the public safety employee becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
- (2) When the employer terminates the health insurance program for active public safety employees.

(k) A surviving spouse's eligibility for group health insurance under this section ends on the earliest of the following:

- (1) When the surviving spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
- (2) When the unit providing the insurance terminates the health insurance program for active public safety employees.
- (3) The date of the surviving spouse's remarriage.
- (4) When health insurance becomes available to the surviving spouse through employment.

(l) A dependent's eligibility for group health insurance under this section ends on the earliest of the following:

- (1) When the dependent becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
- (2) When the unit providing the insurance terminates the health insurance program for active public safety employees.
- (3) When the dependent no longer meets the criteria set forth in subsection (a).
- (4) When health insurance becomes available to the dependent through employment.

(m) A public safety employee who is on leave without pay is entitled to participate for ninety (90) days in any group health insurance program maintained by the local unit public employer for active public safety employees if the public safety employee pays an amount equal to the total of the employer's and the employee's premiums for the insurance. However, the employer may pay all or part of the employer's premium for the insurance.

(n) A local unit public employer may provide group health insurance for retired public safety employees or their spouses not covered by subsections (g) through (l) and may provide group health insurance that contains provisions more favorable to retired public safety employees and their spouses than required by subsections (g) through (l). A local unit public employer may provide group health insurance to a public safety employee who is on leave without pay for a longer period than required by subsection (m), and may continue to pay all or a part of the employer's premium for the insurance while the employee is on leave without pay.

SECTION 3. IC 5-10-8-2.6, AS AMENDED BY P.L.286-2001, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 2.6. (a) This section applies only to local unit public employers and their employees. This section does not apply to public safety employees, surviving spouses, and dependents covered by section 2.2 of this chapter.

(b) A public employer may provide programs of group insurance for its employees and retired employees. The public employer may, however, exclude part-time employees and persons who provide services to the unit under contract from any group insurance coverage that the public employer provides to the employer's full-time

employees. A public employer may provide programs of group health insurance under this section through one (1) of the following methods:

- (1) By purchasing policies of group insurance.
- (2) By establishing self-insurance programs.
- (3) By electing to participate in the local unit group of local units that offer the state employee health plan under section 6.6 of this chapter.
- (4) By electing to participate in a group health insurance program under section 6.7 of this chapter.**

A public employer may provide programs of group insurance other than group health insurance under this section by purchasing policies of group insurance and by establishing self-insurance programs. However, the establishment of a self-insurance program is subject to the approval of the unit's fiscal body.

(c) A public employer may pay a part of the cost of group insurance, but shall pay a part of the cost of group life insurance for local employees. A public employer may pay, as supplemental wages, an amount equal to the deductible portion of group health insurance as long as payment of the supplemental wages will not result in the payment of the total cost of the insurance by the public employer.

(d) An insurance contract for local employees under this section may not be canceled by the public employer during the policy term of the contract.

(e) After June 30, 1986, a public employer shall provide a group health insurance program under subsection (g) to each retired employee:

- (1) whose retirement date is:
  - (A) after May 31, 1986, for a retired employee who was a teacher (as defined in IC 20-6.1-1-8) for a school corporation; or
  - (B) after June 30, 1986, for a retired employee not covered by clause (A);
- (2) who will have reached fifty-five (55) years of age on or before the employee's retirement date but who will not be eligible on that date for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.;
- (3) who will have completed twenty (20) years of creditable employment with a public employer on or before the employee's retirement date, ten (10) years of which must have been completed immediately preceding the retirement date; and
- (4) who will have completed at least fifteen (15) years of participation in the retirement plan of which the employee is a member on or before the employee's retirement date.

(f) A group health insurance program required by subsection (e) must be equal in coverage to that offered active employees and must permit the retired employee to participate if the retired employee pays an amount equal to the total of the employer's and the employee's premiums for the group health insurance for an active employee and if the employee, within ninety (90) days after the employee's retirement date files a written request with the employer for insurance coverage. However, the employer may elect to pay any part of the retired employee's premiums.

(g) A retired employee's eligibility to continue insurance under subsection (e) ends when the employee becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq., or when the employer terminates the health insurance program. A retired employee who is eligible for insurance coverage under subsection (e) may elect to have the employee's spouse covered under the health insurance program at the time the employee retires. If a retired employee's spouse pays the amount the retired employee would have been required to pay for coverage selected by the spouse, the spouse's subsequent eligibility to continue insurance under this section is not affected by the death of the retired employee. The surviving spouse's eligibility ends on the earliest of the following:

- (1) When the spouse becomes eligible for Medicare coverage as prescribed by 42 U.S.C. 1395 et seq.
  - (2) When the employer terminates the health insurance program.
  - (3) Two (2) years after the date of the employee's death.
  - (4) The date of the spouse's remarriage.
- (h) This subsection does not apply to an employee who is entitled

to group insurance coverage under IC 20-6.1-6-1(c). An employee who is on leave without pay is entitled to participate for ninety (90) days in any group health insurance program maintained by the public employer for active employees if the employee pays an amount equal to the total of the employer's and the employee's premiums for the insurance. However, the employer may pay all or part of the employer's premium for the insurance.

(i) A public employer may provide group health insurance for retired employees or their spouses not covered by subsections (e) through (g) and may provide group health insurance that contains provisions more favorable to retired employees and their spouses than required by subsections (e) through (g). A public employer may provide group health insurance to an employee who is on leave without pay for a longer period than required by subsection (h), and may continue to pay all or a part of the employer's premium for the insurance while the employee is on leave without pay.

SECTION 5. IC 5-10-8-6.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: **Sec. 6.7. (a) The state personnel department shall permit a local unit to elect to provide coverage of health care services for active and retired:**

- (1) elected or appointed officers and officials;**
- (2) full-time employees; and**
- (3) part-time employees;**

**of the local unit by participating in the group health insurance program offered to active employees of the state.**

**(b) The terms of coverage and premiums that apply to coverage elected under this section must be the same as the terms of coverage and premiums that apply to coverage for active employees of the state under the group health insurance program.**

**(c) The state personnel department may charge to a local unit that elects to provide coverage under this section a fee not to exceed the cost of administering the local unit's coverage.**

**(d) The state personnel department shall provide an annual opportunity for a local unit to elect to provide or terminate coverage under this section.**

**(e) The state personnel department may adopt rules under IC 4-22-2 to establish minimum participation and contribution requirements for participation in a state employee health plan under this section.**

SECTION 6. IC 20-5-2-2, AS AMENDED BY P.L.286-2001, SECTION 5, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: **Sec. 2.** In carrying out the school purposes of each school corporation, its governing body acting on its behalf shall have the following specific powers:

(1) In the name of the school corporation, to sue and be sued and to enter into contracts in matters permitted by applicable law.

(2) To take charge of, manage, and conduct the educational affairs of the school corporation and to establish, locate, and provide the necessary schools, school libraries, other libraries where permitted by law, other buildings, facilities, property, and equipment therefor.

(2.5) To appropriate from the general fund an amount, not to exceed the greater of three thousand dollars (\$3,000) per budget year or one dollar (\$1) per pupil, not to exceed twelve thousand five hundred dollars (\$12,500), based upon the school corporation's previous year's average daily membership (as defined in IC 21-3-1.6-1.1) for the purpose of promoting the best interests of the school corporation by:

- (A) the purchase of meals, decorations, memorabilia, or awards;
- (B) provision for expenses incurred in interviewing job applicants; or
- (C) developing relations with other governmental units.

(3) To acquire, construct, erect, maintain, hold, and to contract for such construction, erection, or maintenance of such real estate, real estate improvements, or any interest in either, as the governing body deems necessary for school purposes, including but not limited to buildings, parts of buildings, additions to buildings, rooms, gymnasiums, auditoriums, playgrounds,



playing and athletic fields, facilities for physical training, buildings for administrative, office, warehouse, repair activities, or housing of school owned buses, landscaping, walks, drives, parking areas, roadways, easements and facilities for power, sewer, water, roadway, access, storm and surface water, drinking water, gas, electricity, other utilities and similar purposes, by purchase, either outright for cash (or under conditional sales or purchases money contracts providing for a retention of a security interest by seller until payment is made or by notes where such contract, security retention, or note is permitted by applicable law), by exchange, by gift, by devise, by eminent domain, by lease with or without option to purchase, or by lease under IC 21-5-10, IC 21-5-11, or IC 21-5-12. To repair, remodel, remove, or demolish any such real estate, real estate improvements, or interest in either, as the governing body deems necessary for school purposes, and to contract therefor. To provide for energy conservation measures through utility energy efficiency programs or under a guaranteed energy savings contract as described in IC 36-1-12.5.

(4) To acquire such personal property or any interest therein as the governing body deems necessary for school purposes, including but not limited to buses, motor vehicles, equipment, apparatus, appliances, books, furniture, and supplies, either by outright purchase for cash, or under conditional sales or purchase money contracts providing for a security interest by the seller until payment is made or by notes where such contract, security, retention, or note is permitted by applicable law, by gift, by devise, by loan, or by lease with or without option to purchase and to repair, remodel, remove, relocate, and demolish such personal property. All purchases and contracts delineated under the powers given under subdivision (3) and this subdivision shall be subject solely to applicable law relating to purchases and contracting by municipal corporations in general and to the supervisory control of agencies of the state as provided in section 3 of this chapter.

(5) To sell or exchange any of such real or personal property or interest therein, which in the opinion of the governing body is not necessary for school purposes, in accordance with IC 20-5-5, to demolish or otherwise dispose of such property if, in the opinion of the governing body, it is not necessary for school purposes and is worthless, and to pay the expenses for such demolition or disposition.

(6) To lease any school property for a rental which the governing body deems reasonable or to permit the free use of school property for:

(A) civic or public purposes; or

(B) the operation of a school age child care program for children aged five (5) through fourteen (14) years that operates before or after the school day, or both, and during periods when school is not in session;

if the property is not needed for school purposes. Under this subdivision, the governing body may enter into a long term lease with a nonprofit corporation, community service organization, or other governmental entity, if the corporation, organization, or other governmental entity will use the property to be leased for civic or public purposes or for a school age child care program. However, if the property subject to a long term lease is being paid for from money in the school corporation's debt service fund, then all proceeds from the long term lease shall be deposited in that school corporation's debt service fund so long as the property has not been paid for. The governing body may, at its option, use the procedure specified in IC 36-1-11-10 in leasing property under this subdivision.

(7) To employ, contract for, and discharge superintendents, supervisors, principals, teachers, librarians, athletic coaches (whether or not they are otherwise employed by the school corporation and whether or not they are licensed under IC 20-6.1-3), business managers, superintendents of buildings and grounds, janitors, engineers, architects, physicians, dentists, nurses, accountants, teacher aides performing noninstructional duties, educational and other professional consultants, data

processing and computer service for school purposes, including but not limited to the making of schedules, the keeping and analyzing of grades and other student data, the keeping and preparing of warrants, payroll, and similar data where approved by the state board of accounts as provided below, and such other personnel or services, all as the governing body considers necessary for school purposes. To fix and pay the salaries and compensation of such persons and such services. To classify such persons or services and to adopt schedules of salaries or compensation. To determine the number of such persons or the amount of services thus employed or contracted for. To determine the nature and extent of their duties. The compensation, terms of employment, and discharge of teachers shall, however, be subject to and governed by the laws relating to employment, contracting, compensation, and discharge of teachers. The compensation, terms of employment, and discharge of bus drivers shall be subject to and shall be governed by any laws relating to employment, contracting, compensation, and discharge of bus drivers. The forms and procedures relating to the use of computer and data processing equipment in handling the financial affairs of such school corporation shall be submitted to the state board of accounts for approval to the end that such services shall be used by the school corporation when the governing body determines that it is in the best interests of the school corporation while at the same time providing reasonable accountability for the funds expended.

(8) Notwithstanding the appropriation limitation in subdivision (2.5), when the governing body by resolution deems a trip by an employee of the school corporation or by a member of the governing body to be in the interest of the school corporation, including but not limited to attending meetings, conferences, or examining equipment, buildings, and installation in other areas, to permit such employee to be absent in connection with such trip without any loss in pay and to refund to such employee or to such member his reasonable hotel and board bills and necessary transportation expenses. To pay teaching personnel for time spent in sponsoring and working with school related trips or activities.

(9) To transport children to and from school, when in the opinion of the governing body such transportation is necessary, including but not limited to considerations for the safety of such children and without regard to the distance they live from the school, such transportation to be otherwise in accordance with the laws applicable thereto.

(10) To provide a lunch program for a part or all of the students attending the schools of the school corporation, including but not limited to the establishment of kitchens, kitchen facilities, kitchen equipment, lunch rooms, the hiring of the necessary personnel to operate such program, and the purchase of any material and supplies therefor, charging students for the operational costs of such lunch program, fixing the price per meal or per food item. To operate such lunch program as an extracurricular activity, subject to the supervision of the governing body. To participate in any surplus commodity or lunch aid program.

(11) To purchase textbooks, to furnish them without cost or to rent them to students, to participate in any textbook aid program, all in accordance with applicable law.

(12) To accept students transferred from other school corporations and to transfer students to other school corporations in accordance with applicable law.

(13) To levy taxes, to make budgets, to appropriate funds, and to disburse the money of the school corporation in accordance with the laws applicable thereto. To borrow money against current tax collections and otherwise to borrow money, in accordance with IC 20-5-4.

(14) To purchase insurance or to establish and maintain a program of self-insurance relating to the liability of the school corporation or its employees in connection with motor vehicles or property and for any additional coverage to the extent permitted and in accordance with IC 34-13-3-20. To purchase



additional insurance or to establish and maintain a program of self-insurance protecting the school corporation and members of the governing body, employees, contractors, or agents of the school corporation from any liability, risk, accident, or loss related to any school property, school contract, school or school related activity, including but not limited to the purchase of insurance or the establishment and maintenance of a self-insurance program protecting such persons against false imprisonment, false arrest, libel, or slander for acts committed in the course of their employment, protecting the school corporation for fire and extended coverage and other casualty risks to the extent of replacement cost, loss of use, and other insurable risks relating to any property owned, leased, or held by the school corporation. To:

- (A) participate in a state employee health plan under IC 5-10-8-6.6;
- (B) purchase insurance; ~~or~~
- (C) establish and maintain a program of self-insurance; ~~or~~
- (D) participate in a group health insurance program under IC 5-10-8-6.7;**

to benefit school corporation employees, which may include accident, sickness, health, or dental coverage, provided that any plan of self-insurance shall include an aggregate stop-loss provision.

(15) To make all applications, to enter into all contracts, and to sign all documents necessary for the receipt of aid, money, or property from the state government, the federal government, or from any other source.

(16) To defend any member of the governing body or any employee of the school corporation in any suit arising out of the performance of his duties for or employment with, the school corporation, provided the governing body by resolution determined that such action was taken in good faith. To save any such member or employee harmless from any liability, cost, or damage in connection therewith, including but not limited to the payment of any legal fees, except where such liability, cost, or damage is predicated on or arises out of the bad faith of such member or employee, or is a claim or judgment based on his malfeasance in office or employment.

(17) To prepare, make, enforce, amend, or repeal rules, regulations, and procedures for the government and management of the schools, property, facilities, and activities of the school corporation, its agents, employees, and pupils and for the operation of its governing body, which rules, regulations, and procedures may be designated by any appropriate title such as "policy handbook", "bylaws", or "rules and regulations".

(18) To ratify and approve any action taken by any member of the governing body, any officer of the governing body, or by any employee of the school corporation after such action is taken, if such action could have been approved in advance, and in connection therewith to pay any expense or compensation permitted under IC 20-5-1 through IC 20-5-6 or any other law.

(19) To exercise any other power and make any expenditure in carrying out its general powers and purposes provided in this chapter or in carrying out the powers delineated in this section which is reasonable from a business or educational standpoint in carrying out school purposes of the school corporation, including but not limited to the acquisition of property or the employment or contracting for services, even though such power or expenditure shall not be specifically set out herein. The specific powers set out in this section shall not be construed to limit the general grant of powers provided in this chapter except where a limitation is set out in IC 20-5-1 through IC 20-5-6 by specific language or by reference to other law.

**SECTION 7. [EFFECTIVE JULY 1, 2003] IC 5-10-8-6.7, as added by this act, applies to a:**

- (1) self-insurance program established under IC 5-10-8-7(b) to provide health coverage; or**
- (2) contract with a prepaid health care delivery plan entered into under IC 5-10-8-7(c);**

**that is established, entered into, amended, or renewed after June 30, 2003.**

(Reference is to HB 1546 as introduced.)  
and when so amended that said bill do pass.

Committee Vote: yeas 8, nays 5.

FRY, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Roads and Transportation, to which was referred House Bill 1605, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 2, after "1." insert **"(a)".**

Page 1, line 6, after "display" insert **"flashing".**

Page 2, between lines 17 and 18, begin a new paragraph and insert:

**"(b) This section expires June 30, 2008."**

Page 2, line 19, after "2." insert **"(a)".**

Page 2, between lines 22 and 23, begin a new paragraph and insert:

**"(b) This section expires June 30, 2008."**

Page 2, line 24, after "3." insert **"(a)".**

Page 2, after line 27, begin a new paragraph and insert:

**"(b) This section expires June 30, 2008."**

**SECTION 4. IC 36-8-12-11, AS AMENDED BY P.L. 153-2002, SECTION 2, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 11. (a) ~~Members~~ A member of a volunteer fire departments department may display blue lights on their the member's privately owned vehicles vehicle while en route to scenes of emergencies or to the fire station in the line of duty subject to the following conditions: conditions in subsection (c).**

**(b) A certified emergency medical technician, a certified emergency medical service driver, or a certified emergency medical service first responder while traveling in the line of duty in connection with emergency medical services activities may display blue lights on the individual's privately owned vehicle, subject to the conditions in subsection (c).**

**(c) As set forth in subsections (a) and (b), blue lights may be displayed on a vehicle subject to the following:**

**(1) A light must have a light source of at least thirty-five (35) watts.**

**(2) All lights must be placed on the:**

**(A) top of the vehicle;**

**(B) dashboard inside a vehicle, shielded to prevent distracting the driver; or**

**(C) front of the vehicle upon the bumper or at bumper level.**

**(3) No more than four (4) blue light assemblies may be displayed on one (1) vehicle, and each blue light assembly must be of the flashing or revolving type.**

**(4) A blue light assembly may contain multiple bulbs.**

**(5) A blue light may not be a part of the regular head lamps displayed on the vehicles. Alternately flashing head lamps may be used as a supplemental warning device. Strobe lights or flashers may be installed into the light fixtures on the vehicle other than the alternating head lamps. The strobe lights or flashers may be either white or blue, with the exception of that red, yellow, or white may be used to the rear.**

**(b)(d) In order for a volunteer firefighter to display a blue light on a vehicle, the volunteer firefighter must secure a written permit from the chief of the volunteer fire department to use the blue light and must carry the permit at all times when the blue light is displayed.**

**(e) In order for a:**

**(1) certified emergency medical technician;**

**(2) certified emergency medical service driver; or**

**(3) certified emergency medical service first responder;**

**to display a blue light on a vehicle, the certified emergency medical technician, the certified emergency medical service driver, or the certified emergency medical service first responder must first secure a written permit from the agency, entity, or company with which the person is employed or for which the**

**person volunteers to use the light and must carry the permit at all times when the blue light is displayed.**

~~(e)~~ **(f)** A person who is not a member of a volunteer fire department, **a certified emergency medical technician, a certified emergency medical service driver, or a certified emergency medical service first responder** may not display an illuminated blue light on a vehicle.

~~(d)~~ **(g)** A permittee of the owner of a vehicle lawfully equipped with a blue light may operate the vehicle only if the blue light is not illuminated.

~~(e)~~ **(h)** A person who violates subsection (a), (b), ~~(e)~~, or (d), ~~(e)~~, **(f), or (g)** commits a Class C infraction. If the violator is a member of a volunteer fire department, the chief of the department shall discipline the violator under fire department rules and regulations. **If the violator is a certified emergency medical technician, a certified emergency medical service driver, or a certified emergency medical service first responder, the violator shall be disciplined under the appropriate employment or volunteer policy of the agency, entity, or company by which the person is employed or for which the person volunteers.**

~~(f)~~ **(i)** This section does not grant a vehicle displaying blue lights the right-of-way under IC 9-21-8-35 or exemption from traffic rules under IC 9-21-1-8. A driver of a vehicle displaying a blue light shall obey all traffic rules.

~~(g)~~ **(j)** This section shall not be construed to include a vehicle displaying a blue light and driven by a member of a volunteer fire department, **a certified emergency medical technician, a certified emergency medical service driver, or a certified emergency medical service first responder** as an authorized emergency vehicle (as defined in IC 9-13-2-6).

SECTION 5. [EFFECTIVE JULY 1, 2003] **(a) If a privately owned vehicle that is used while traveling in the line of duty in connection with emergency medical services is owned by a person described in IC 9-19-14.5-1, as amended by this act, before July 1, 2003, and is equipped with green lights as set forth in IC 9-19-14.5-1, as amended by this act, the person may continue to operate and use the lights on the vehicle in the manner provided for by IC 9-19-14.5-1 until July 1, 2008.**

**(b) This SECTION expires July 1, 2008."**

Renumber all SECTIONS consecutively.

(Reference is to HB 1605 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 14, nays 0.

RESKE, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Insurance, Corporations and Small Business, to which was referred House Bill 1749, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Delete everything after the enacting clause, begin a new paragraph and insert the following:

SECTION 1. IC 2-5-23-8 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 8. Beginning May 1, 1997, the health policy advisory committee is established. At the request of the chairman, the health policy advisory committee shall provide information and otherwise assist the commission to perform the duties of the commission under this chapter. The health policy advisory committee members are ex officio and may not vote. The health policy advisory committee members shall be appointed from the general public and must include one (1) individual who represents each of the following:

- (1) The interests of public hospitals.
- (2) The interests of community mental health centers.
- (3) The interests of community health centers.
- (4) The interests of the long term care industry.
- (5) The interests of health care professionals licensed under IC 25, but not licensed under IC 25-22.5.
- (6) The interests of rural hospitals. An individual appointed

under this subdivision must be licensed under IC 25-22.5.

(7) The interests of health maintenance organizations (as defined in IC 27-13-1-19).

(8) The interests of for-profit health care facilities (as defined in ~~IC 27-8-10-1(d)~~). **IC 27-8-10-1).**

(9) A statewide consumer organization.

(10) A statewide senior citizen organization.

(11) A statewide organization representing people with disabilities.

(12) Organized labor.

(13) The interests of businesses that purchase health insurance policies.

(14) The interests of businesses that provide employee welfare benefit plans (as defined in 29 U.S.C. 1002) that are self-funded.

(15) A minority community.

(16) The uninsured. An individual appointed under this subdivision must be and must have been chronically uninsured.

(17) An individual who is not associated with any organization, business, or profession represented in this subsection other than as a consumer.

SECTION 2. IC 27-8-10-1, AS AMENDED BY P.L.1-2001, SECTION 33, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 1. (a) The definitions in this section apply throughout this chapter.

(b) "Association" means the Indiana comprehensive health insurance association established under section 2.1 of this chapter.

(c) "Association policy" means a policy issued by the association that provides coverage specified in section 3 of this chapter. The term does not include a Medicare supplement policy that is issued under section 9 of this chapter.

(d) "Carrier" means an insurer providing medical, hospital, or surgical expense incurred health insurance policies.

(e) "Church plan" means a plan defined in the federal Employee Retirement Income Security Act of 1974 under 26 U.S.C. 414(e).

(f) "Commissioner" refers to the insurance commissioner.

(g) "Creditable coverage" has the meaning set forth in the federal Health Insurance Portability and Accountability Act of 1996 (26 U.S.C. 9801(c)(1)).

(h) "Eligible expenses" means those charges for health care services and articles provided for in section 3 of this chapter.

(i) "Federally eligible individual" means an individual:

(1) for whom, as of the date on which the individual seeks coverage under this chapter, the aggregate period of creditable coverage is at least eighteen (18) months and whose most recent prior creditable coverage was under a:

(A) group health plan;

(B) governmental plan; or

(C) church plan;

or health insurance coverage in connection with any of these plans;

(2) who is not eligible for coverage under:

(A) a group health plan;

(B) Part A or Part B of Title XVIII of the federal Social Security Act; or

(C) a state plan under Title XIX of the federal Social Security Act (or any successor program);

and does not have other health insurance coverage;

(3) with respect to whom the individual's most recent coverage was not terminated for factors relating to nonpayment of premiums or fraud;

(4) who, if after being offered the option of continuation coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) (29 U.S.C. 1191b(d)(1)), or under a similar state program, elected such coverage; and

(5) who, if after electing continuation coverage described in subdivision (4), has exhausted continuation coverage under the provision or program.

(j) "Governmental plan" means a plan as defined under the federal Employee Retirement Income Security Act of 1974 (26 U.S.C. 414(d)) and any plan established or maintained for its employees by the United States government or by any agency or instrumentality of

the United States government.

(k) "Group health plan" means an employee welfare benefit plan (as defined in 29 U.S.C. 1167(1)) to the extent that the plan provides medical care payments to, or on behalf of, employees or their dependents, as defined under the terms of the plan, directly or through insurance, reimbursement, or otherwise.

(l) "Health care facility" means any institution providing health care services that is licensed in this state, including institutions engaged principally in providing services for health maintenance organizations or for the diagnosis or treatment of human disease, pain, injury, deformity, or physical condition, including a general hospital, special hospital, mental hospital, public health center, diagnostic center, treatment center, rehabilitation center, extended care facility, skilled nursing home, nursing home, intermediate care facility, tuberculosis hospital, chronic disease hospital, maternity hospital, outpatient clinic, home health care agency, bioanalytical laboratory, or central services facility servicing one (1) or more such institutions.

(m) "Health care institutions" means skilled nursing facilities, home health agencies, and hospitals.

(n) "Health care provider" means any physician, hospital, pharmacist, or other person who is licensed in Indiana to furnish health care services.

(o) "Health care services" means any services or products included in the furnishing to any individual of medical care, dental care, or hospitalization, or incident to the furnishing of such care or hospitalization, as well as the furnishing to any person of any other services or products for the purpose of preventing, alleviating, curing, or healing human illness or injury.

(p) "Health insurance" means hospital, surgical, and medical expense incurred policies, nonprofit service plan contracts, health maintenance organizations, limited service health maintenance organizations, and self-insured plans. However, the term "health insurance" does not include short term travel accident policies, accident only policies, fixed indemnity policies, automobile medical payment, or incidental coverage issued with or as a supplement to liability insurance.

(q) "Insured" means all individuals who are provided qualified comprehensive health insurance coverage under an individual policy, including all dependents and other insured persons, if any.

(r) "Medicaid" means medical assistance provided by the state under the Medicaid program under IC 12-15.

(s) "Medical care payment" means amounts paid for:

- (1) the diagnosis, care, mitigation, treatment, or prevention of disease or amounts paid for the purpose of affecting any structure or function of the body;
- (2) transportation primarily for and essential to Medicare services referred to in subdivision (1); and
- (3) insurance covering medical care referred to in subdivisions (1) and (2).

(t) "Medically necessary" means health care services that the association has determined:

- (1) are recommended by a legally qualified physician;
- (2) are commonly and customarily recognized throughout the physician's profession as appropriate in the treatment of the patient's diagnosed illness; and
- (3) are not primarily for the scholastic education or vocational training of the provider or patient.

(u) "Medicare" means Title XVIII of the federal Social Security Act (42 U.S.C. 1395 et seq.).

(v) "Policy" means a contract, policy, or plan of health insurance.

(w) "Policy year" means a twelve (12) month period during which a policy provides coverage or obligates the carrier to provide health care services.

(x) "Health maintenance organization" has the meaning set out in IC 27-13-1-19.

(y) **"Resident" means an individual who is:**

- (1) legally domiciled in Indiana for at least one hundred eighty (180) days before applying for an association policy; or**
- (2) a federally eligible individual and legally domiciled in Indiana.**

(z) "Self-insurer" means an employer who provides services, payment for, or reimbursement of any part of the cost of health care services other than payment of insurance premiums or subscriber charges to a carrier. However, the term "self-insurer" does not include an employer who is exempt from state insurance regulation by federal law, or an employer who is a political subdivision of the state of Indiana.

(zz) **(aa)** "Services of a skilled nursing facility" means services that must commence within fourteen (14) days following a confinement of at least three (3) consecutive days in a hospital for the same condition.

**(aa) (bb)** "Skilled nursing facility", "home health agency", "hospital", and "home health services" have the meanings assigned to them in 42 U.S.C. 1395x.

**(bb) (cc)** "Medicare supplement policy" means an individual policy of accident and sickness insurance that is designed primarily as a supplement to reimbursements under Medicare for the hospital, medical, and surgical expenses of individuals who are eligible for Medicare benefits.

**(cc) (dd)** "Limited service health maintenance organization" has the meaning set forth in IC 27-13-34-4.

SECTION 3. IC 27-8-10-2.1, AS AMENDED BY P.L.192-2002(ss), SECTION 169, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 2.1. (a) There is established a nonprofit legal entity to be referred to as the Indiana comprehensive health insurance association, which must assure that health insurance is made available throughout the year to each eligible Indiana resident applying to the association for coverage. All carriers, health maintenance organizations, limited service health maintenance organizations, and self-insurers providing health insurance or health care services in Indiana must be members of the association. The association shall operate under a plan of operation established and approved under subsection (c) and shall exercise its powers through a board of directors established under this section.

(b) The board of directors of the association consists of seven (7) members whose principal residence is in Indiana selected as follows:

- (1) Three (3) members to be appointed by the commissioner from the members of the association, one (1) of which must be a representative of a health maintenance organization.
- (2) Two (2) members to be appointed by the commissioner shall be consumers representing policyholders.
- (3) Two (2) members shall be the state budget director or designee and the commissioner of the department of insurance or designee.

The commissioner shall appoint the chairman of the board, and the board shall elect a secretary from its membership. The term of office of each appointed member is three (3) years, subject to eligibility for reappointment. Members of the board who are not state employees may be reimbursed from the association's funds for expenses incurred in attending meetings. The board shall meet at least semiannually, with the first meeting to be held not later than May 15 of each year.

(c) The association shall submit to the commissioner a plan of operation for the association and any amendments to the plan necessary or suitable to assure the fair, reasonable, and equitable administration of the association. The plan of operation becomes effective upon approval in writing by the commissioner consistent with the date on which the coverage under this chapter must be made available. The commissioner shall, after notice and hearing, approve the plan of operation if the plan is determined to be suitable to assure the fair, reasonable, and equitable administration of the association and provides for the sharing of association losses on an equitable, proportionate basis among the member carriers, health maintenance organizations, limited service health maintenance organizations, and self-insurers. If the association fails to submit a suitable plan of operation within one hundred eighty (180) days after the appointment of the board of directors, or at any time thereafter the association fails to submit suitable amendments to the plan, the commissioner shall adopt rules under IC 4-22-2 necessary or advisable to implement this section. These rules are effective until modified by the commissioner or superseded by a plan submitted by the association and approved by the commissioner. The plan of operation must:

- (1) establish procedures for the handling and accounting of

assets and money of the association;

- (2) establish the amount and method of reimbursing members of the board;
- (3) establish regular times and places for meetings of the board of directors;
- (4) establish procedures for records to be kept of all financial transactions, and for the annual fiscal reporting to the commissioner;
- (5) establish procedures whereby selections for the board of directors will be made and submitted to the commissioner for approval;
- (6) contain additional provisions necessary or proper for the execution of the powers and duties of the association; and
- (7) establish procedures for the periodic advertising of the general availability of the health insurance coverages from the association.

(d) The plan of operation may provide that any of the powers and duties of the association be delegated to a person who will perform functions similar to those of this association. A delegation under this section takes effect only with the approval of both the board of directors and the commissioner. The commissioner may not approve a delegation unless the protections afforded to the insured are substantially equivalent to or greater than those provided under this chapter.

(e) The association has the general powers and authority enumerated by this subsection in accordance with the plan of operation approved by the commissioner under subsection (c). The association has the general powers and authority granted under the laws of Indiana to carriers licensed to transact the kinds of health care services or health insurance described in section 1 of this chapter and also has the specific authority to do the following:

- (1) Enter into contracts as are necessary or proper to carry out this chapter, subject to the approval of the commissioner.
- (2) Sue or be sued, including taking any legal actions necessary or proper for recovery of any assessments for, on behalf of, or against participating carriers.
- (3) Take legal action necessary to avoid the payment of improper claims against the association or the coverage provided by or through the association.
- (4) Establish a medical review committee to determine the reasonably appropriate level and extent of health care services in each instance.
- (5) Establish appropriate rates, scales of rates, rate classifications and rating adjustments, such rates not to be unreasonable in relation to the coverage provided and the reasonable operational expenses of the association.
- (6) Pool risks among members.
- (7) Issue policies of insurance on an indemnity or provision of service basis providing the coverage required by this chapter.
- (8) Administer separate pools, separate accounts, or other plans or arrangements considered appropriate for separate members or groups of members.
- (9) Operate and administer any combination of plans, pools, or other mechanisms considered appropriate to best accomplish the fair and equitable operation of the association.
- (10) Appoint from among members appropriate legal, actuarial, and other committees as necessary to provide technical assistance in the operation of the association, policy and other contract design, and any other function within the authority of the association.
- (11) Hire an independent consultant.
- (12) Develop a method of advising applicants of the availability of other coverages outside the association. ~~and may promulgate a list of health conditions the existence of which would deem an applicant eligible without demonstrating a rejection of coverage by one (1) carrier.~~
- (13) Provide for the use of managed care plans for insureds, including the use of:
  - (A) health maintenance organizations; and
  - (B) preferred provider plans.
- (14) Solicit bids directly from providers for coverage under this chapter.

(f) Rates for coverages issued by the association may not be unreasonable in relation to the benefits provided, the risk experience, and the reasonable expenses of providing the coverage. Separate scales of premium rates based on age apply for individual risks. Premium rates must take into consideration the extra morbidity and administration expenses, if any, for risks insured in the association. The rates for a given classification may not be more than one hundred fifty percent (150%) of the average premium rate for that class charged by the five (5) carriers with the largest premium volume in the state during the preceding calendar year. In determining the average rate of the five (5) largest carriers, the rates charged by the carriers shall be actuarially adjusted to determine the rate that would have been charged for benefits identical to those issued by the association. All rates adopted by the association must be submitted to the commissioner for approval.

(g) Following the close of the association's fiscal year, the association shall determine the net premiums, the expenses of administration, and the incurred losses for the year. Any net loss shall be assessed by the association to all members in proportion to their respective shares of total health insurance premiums, excluding premiums for Medicaid contracts with the state of Indiana, received in Indiana during the calendar year (or with paid losses in the year) coinciding with or ending during the fiscal year of the association, or any other equitable basis as may be provided in the plan of operation. For self-insurers, health maintenance organizations, and limited service health maintenance organizations that are members of the association, the proportionate share of losses must be determined through the application of an equitable formula based upon claims paid, excluding claims for Medicaid contracts with the state of Indiana, or the value of services provided. In sharing losses, the association may abate or defer in any part the assessment of a member, if, in the opinion of the board, payment of the assessment would endanger the ability of the member to fulfill its contractual obligations. The association may also provide for interim assessments against members of the association if necessary to assure the financial capability of the association to meet the incurred or estimated claims expenses or operating expenses of the association until the association's next fiscal year is completed. Net gains, if any, must be held at interest to offset future losses or allocated to reduce future premiums. Assessments must be determined by the board members specified in subsection (b)(1), subject to final approval by the commissioner.

(h) The association shall conduct periodic audits to assure the general accuracy of the financial data submitted to the association, and the association shall have an annual audit of its operations by an independent certified public accountant.

(i) The association is subject to examination by the department of insurance under IC 27-1-3.1. The board of directors shall submit, not later than March 30 of each year, a financial report for the preceding calendar year in a form approved by the commissioner.

(j) All policy forms issued by the association must conform in substance to prototype forms developed by the association, must in all other respects conform to the requirements of this chapter, and must be filed with and approved by the commissioner before their use.

(k) The association may not issue an association policy to any individual who, on the effective date of the coverage applied for, does not meet the eligibility requirements of section 5.1 of this chapter.

~~(l) The association shall pay an agent's referral fee of twenty-five dollars (\$25) to each insurance agent who refers an applicant to the association if that applicant is accepted.~~

~~(m) (l)~~ The association and the premium collected by the association shall be exempt from the premium tax, the adjusted gross income tax, or any combination of these upon revenues or income that may be imposed by the state.

~~(m) (m)~~ Members who after July 1, 1983, during any calendar year, have paid one (1) or more assessments levied under this chapter may either:

- (1) take a credit against premium taxes, adjusted gross income taxes, or any combination of these, or similar taxes upon revenues or income of member insurers that may be imposed by

the state, up to the amount of the taxes due for each calendar year in which the assessments were paid and for succeeding years until the aggregate of those assessments have been offset by either credits against those taxes or refunds from the association; or

(2) any member insurer may include in the rates for premiums charged for insurance policies to which this chapter applies amounts sufficient to recoup a sum equal to the amounts paid to the association by the member less any amounts returned to the member insurer by the association, and the rates shall not be deemed excessive by virtue of including an amount reasonably calculated to recoup assessments paid by the member.

~~(n)~~ (n) The association shall provide for the option of monthly collection of premiums.

SECTION 4. IC 27-8-10-2.3, AS ADDED BY P.L.167-2002, SECTION 1, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 2.3. A member shall, not later than October 31 of each year, certify an independently audited report to the:

- (1) association;
- (2) legislative council; and
- (3) department of insurance;

of the amount of tax credits taken against assessments by the member under section ~~2.1(n)(1)~~ **2.1(m)(1)** of this chapter during the previous calendar year.

SECTION 5. IC 27-8-10-3 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 3. (a) An association policy issued under this chapter may pay usual and customary charges or use other reimbursement systems that are consistent with managed care plans, including fixed fee schedules and capitated reimbursement, for medically necessary eligible health care services rendered or furnished for the diagnosis or treatment of illness or injury that exceed the deductible and coinsurance amounts applicable under section 4 of this chapter. **However, the amount of reimbursement for a health care service covered under an association policy may not exceed the amount of reimbursement for the same health care service under Medicare.**

(b) Eligible expenses are the charges for the following health care services and articles to the extent furnished by a health care provider in an emergency situation or furnished or prescribed by a physician:

- (1) Hospital services, including charges for the institution's most common semiprivate room, and for private room only when medically necessary, but limited to a total of one hundred eighty (180) days in a year.
- (2) Professional services for the diagnosis or treatment of injuries, illnesses, or conditions, other than mental or dental, that are rendered by a physician or, at the physician's direction, by the physician's staff of registered or licensed nurses, and allied health professionals.
- (3) The first twenty (20) professional visits for the diagnosis or treatment of one (1) or more mental conditions rendered during the year by one (1) or more physicians or, at their direction, by their staff of registered or licensed nurses, and allied health professionals.
- (4) Drugs and contraceptive devices requiring a physician's prescription.
- (5) Services of a skilled nursing facility for not more than one hundred eighty (180) days in a year.
- (6) Services of a home health agency up to two hundred seventy (270) days of service a year.
- (7) Use of radium or other radioactive materials.
- (8) Oxygen.
- (9) Anesthetics.
- (10) Prostheses, other than dental.
- (11) Rental of durable medical equipment which has no personal use in the absence of the condition for which prescribed.
- (12) Diagnostic X-rays and laboratory tests.
- (13) Oral surgery for:
  - (A) excision of partially or completely erupted impacted teeth;
  - (B) excision of a tooth root without the extraction of the

entire tooth; or

(C) the gums and tissues of the mouth when not performed in connection with the extraction or repair of teeth.

(14) Services of a physical therapist and services of a speech therapist.

(15) Professional ambulance services to the nearest health care facility qualified to treat the illness or injury.

(16) Other medical supplies required by a physician's orders.

An association policy may also include comparable benefits for those who rely upon spiritual means through prayer alone for healing upon such conditions, limitations, and requirements as may be determined by the board of directors.

~~(b)~~ (c) A managed care organization that issues an association policy may not refuse to enter into an agreement with a hospital solely because the hospital has not obtained accreditation from an accreditation organization that:

- (1) establishes standards for the organization and operation of hospitals;
- (2) requires the hospital to undergo a survey process for a fee paid by the hospital; and
- (3) was organized and formed in 1951.

~~(c)~~ (d) This section does not prohibit a managed care organization from using performance indicators or quality standards that:

- (1) are developed by private organizations; and
- (2) do not rely upon a survey process for a fee charged to the hospital to evaluate performance.

~~(d)~~ (e) For purposes of this section, if benefits are provided in the form of services rather than cash payments, their value shall be determined on the basis of their monetary equivalency.

~~(e)~~ (f) The following are not eligible expenses in any association policy within the scope of this chapter:

- (1) Services for which a charge is not made in the absence of insurance or for which there is no legal obligation on the part of the patient to pay.
- (2) Services and charges made for benefits provided under the laws of the United States, including Medicare and Medicaid, military service connected disabilities, medical services provided for members of the armed forces and their dependents or for employees of the armed forces of the United States, medical services financed in the future on behalf of all citizens by the United States.
- (3) Benefits which would duplicate the provision of services or payment of charges for any care for injury or disease either:
  - (A) arising out of and in the course of an employment subject to a worker's compensation or similar law; or
  - (B) for which benefits are payable without regard to fault under a coverage statutorily required to be contained in any motor vehicle or other liability insurance policy or equivalent self-insurance.

However, this subdivision does not authorize exclusion of charges that exceed the benefits payable under the applicable worker's compensation or no-fault coverage.

(4) Care which is primarily for a custodial or domiciliary purpose.

(5) Cosmetic surgery unless provided as a result of an injury or medically necessary surgical procedure.

(6) Any charge for services or articles the provision of which is not within the scope of the license or certificate of the institution or individual rendering the services.

~~(f)~~ (g) The coverage and benefit requirements of this section for association policies may not be altered by any other inconsistent state law without specific reference to this chapter indicating a legislative intent to add or delete from the coverage requirements of this chapter.

~~(g)~~ (h) This chapter does not prohibit the association from issuing additional types of health insurance policies with different types of benefits that, in the opinion of the board of directors, may be of benefit to the citizens of Indiana.

~~(h)~~ (i) This chapter does not prohibit the association or its administrator from implementing uniform procedures to review the medical necessity and cost effectiveness of proposed treatment, confinement, tests, or other medical procedures. Those procedures may take the form of preadmission review for nonemergency

hospitalization, case management review to verify that covered individuals are aware of treatment alternatives, or other forms of utilization review. Any cost containment techniques of this type must be adopted by the board of directors and approved by the commissioner.

SECTION 6. IC 27-8-10-3.5 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 3.5. (a) The association shall:

- (1) use the Medicaid preferred drug list developed under IC 12-15-35, except that a prescription drug prescribed for the treatment of human immunodeficiency virus (HIV), acquired immune deficiency syndrome (AIDS), or hemophilia may not be placed on prior authorization; and
- (2) implement a copayment structure;

for prescription drugs covered under an association policy.

(b) The copayment structure implemented under subsection (a) must be based on an annual actuarial analysis.

SECTION 7. IC 27-8-10-3.6 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 3.6. (a) The association shall:

- (1) establish a list of chronic diseases; and
- (2) approve disease management programs for management of chronic diseases listed under subdivision (1).

(b) A disease management program for which federal funding is available is considered to be approved by the association under this section.

(c) An insured who has a chronic disease for which at least one (1) chronic disease management program is approved under this section shall participate in an approved chronic disease management program for the chronic disease as a condition of coverage of treatment for the chronic disease under an association policy.

SECTION 8. IC 27-8-10-3.7 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 3.7. (a) The association shall approve a mail order or Internet based pharmacy (as defined in IC 25-26-18-1) through which an insured may obtain prescription drugs covered under an association policy.

(b) A prescription drug that is covered under an association policy is covered if the prescription drug is obtained from:

- (1) a pharmacy approved under subsection (a); or
- (2) a pharmacy that:
  - (A) is not approved under subsection (a); and
  - (B) agrees to sell the prescription drug at the same price as a pharmacy approved under subsection (a).

(c) A prescription drug that is:

- (1) covered under an association policy; and
- (2) obtained from a pharmacy not described in subsection (b);

is covered for an amount equal to the price at which a pharmacy described in subsection (b) will sell the prescription drug, with the remainder of the charge for the prescription drug to be paid by the insured.

SECTION 9. IC 27-8-10-5.1, AS AMENDED BY P.L.233-1999, SECTION 11, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 5.1. (a) A person is not eligible for an association policy if the person is eligible for Medicaid.

(b) Except as provided in subsections ~~(b)~~ (c) and ~~(c)~~ (d), a person is not eligible for an association policy if, at the effective date of coverage, the person has or is eligible for coverage under any insurance plan that equals or exceeds the minimum requirements for accident and sickness insurance policies issued in Indiana as set forth in IC 27. Coverage under any association policy is in excess of, and may not duplicate, coverage under any other form of health insurance.

~~(b)~~ (c) Except as provided in IC 27-13-16-4 and subsection (a), a person is eligible for an association policy upon a showing that:

- (1) the person has been rejected by one (1) carrier for coverage under any insurance plan that equals or exceeds the minimum requirements for accident and sickness insurance policies issued in Indiana, as set forth in IC 27, without material

underwriting restrictions;

(2) an insurer has refused to issue insurance except at a rate exceeding the association plan rate; or

(3) the person is a federally eligible individual.

For the purposes of this subsection, eligibility for Medicare coverage does not disqualify a person who is less than sixty-five (65) years of age from eligibility for an association policy.

~~(c)~~ The board of directors may establish procedures that would permit:

- ~~(1)~~ an association policy to be issued to persons who are covered by a group insurance arrangement when that person or a dependent's health condition is such that the group's coverage is in jeopardy of termination or material rate increases because of that person's or dependent's medical claims experience; and
- ~~(2)~~ an association policy to be issued without any limitation on preexisting conditions to a person who is covered by a health insurance arrangement when that person's coverage is scheduled to terminate for any reason beyond the person's control.

(d) Coverage under an association policy terminates as follows:

- (1) On the first date on which an insured is no longer a resident of Indiana.
- (2) On the date on which an insured requests cancellation of the association policy.
- (3) On the date of the death of an insured.
- (4) At the end of the policy period for which the premium has been paid.
- (5) On the first date on which the insured no longer meets the eligibility requirements under this section.

~~(d)~~ (e) An association policy must provide that coverage of a dependent unmarried child terminates when the child becomes nineteen (19) years of age (or twenty-five (25) years of age if the child is enrolled full-time in an accredited educational institution). The policy must also provide in substance that attainment of the limiting age does not operate to terminate a dependent unmarried child's coverage while the dependent is and continues to be both:

- (1) incapable of self-sustaining employment by reason of mental retardation or mental or physical disability; and
- (2) chiefly dependent upon the person in whose name the contract is issued for support and maintenance.

However, proof of such incapacity and dependency must be furnished to the carrier within one hundred twenty (120) days of the child's attainment of the limiting age, and subsequently as may be required by the carrier, but not more frequently than annually after the two (2) year period following the child's attainment of the limiting age.

~~(e)~~ (f) An association policy that provides coverage for a family member of the person in whose name the contract is issued must, as to the family member's coverage, also provide that the health insurance benefits applicable for children are payable with respect to a newly born child of the person in whose name the contract is issued from the moment of birth. The coverage for newly born children must consist of coverage of injury or illness, including the necessary care and treatment of medically diagnosed congenital defects and birth abnormalities. If payment of a specific premium is required to provide coverage for the child, the contract may require that notification of the birth of a child and payment of the required premium must be furnished to the carrier within thirty-one (31) days after the date of birth in order to have the coverage continued beyond the thirty-one (31) day period.

~~(f)~~ (g) Except as provided in subsection ~~(g)~~ (h), an association policy may contain provisions under which coverage is excluded during a period of three (3) months following the effective date of coverage as to a given covered individual for preexisting conditions, as long as medical advice or treatment was recommended or received within a period of three (3) months before the effective date of coverage. This subsection may not be construed to prohibit preexisting condition provisions in an insurance policy that are more favorable to the insured.

~~(g)~~ (h) If a person applies for an association policy within six (6) months after termination of the person's coverage under a health

insurance arrangement and the person meets the eligibility requirements of subsection ~~(b)~~; **(c)**, then an association policy may not contain provisions under which:

- (1) coverage as to a given individual is delayed to a date after the effective date or excluded from the policy; or
- (2) coverage as to a given condition is denied;

on the basis of a preexisting health condition. This subsection may not be construed to prohibit preexisting condition provisions in an insurance policy that are more favorable to the insured.

~~(b)~~ **(i)** For purposes of this section, coverage under a health insurance arrangement includes, but is not limited to, coverage pursuant to the Consolidated Omnibus Budget Reconciliation Act of 1985.

SECTION 10. IC 27-8-10-6 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 6. (a) An association policy offered under this chapter must contain provisions under which the association is obligated to renew the contract until:

- (1) the date on which coverage terminates under section 5.1 of this chapter; or**
- (2) the day on which the individual in whose name the contract is issued first becomes eligible for Medicare coverage, except that in a family policy covering both husband and wife, the age of the younger spouse must be used as the basis for meeting the durational requirement of this subsection.**

(b) The association may not change the rates for association policies or Medicare supplement policies except on a class basis with a clear disclosure in the policy of the association's right to do so.

(c) An association policy offered under this chapter must provide that upon the death of the individual in whose name the contract is issued, every other individual then covered under the contract may elect, within a period specified in the contract, to continue coverage under the same or a different contract until such time as he would have ceased to be entitled to coverage had the individual in whose name the contract was issued lived.

SECTION 11. IC 27-8-10-10 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 10. Before January 1, 1996, the board of directors of the association shall establish eligibility guidelines for the issuance of an association policy under this chapter to prohibit an:

- (1) employer;
- (2) insurance ~~agent~~; **producer**; or
- (3) insurance broker;

from placing in or referring to the association an individual who works for an employer who offers employees an employee welfare benefit plan (as defined in 29 U.S.C. 1002).

SECTION 12. [EFFECTIVE JULY 1, 2003] **(a) IC 27-8-10-3.5, IC 27-8-10-3.6, and IC 27-8-10-3.7, all as added by this act, and IC 27-8-10-4, IC 27-8-10-5.1, and IC 27-8-10-6, all as amended by this act, apply to an association policy that is issued, delivered, amended, or renewed after June 30, 2003.**

**(b) If the amount of reimbursement for health care services covered under an Indiana comprehensive health insurance association policy is specified under a contract with a health care provider, IC 27-8-10-3, as amended by this act, applies to a contract specifying the amount of reimbursement for health care services that is entered into, delivered, amended, or renewed after June 30, 2003.**

(Reference is to HB1749 as introduced.)  
and when so amended that said bill do pass.

Committee Vote: yeas 12, nays 0.

FRY, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Roads and Transportation, to which was referred House Bill 1968, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 14, delete "9-24-9-1;" and insert **"9-24-9-1 or IC 9-24-16-3;"**.

Page 3, between lines 9 and 10, begin a new paragraph and insert:

"SECTION 3. IC 9-24-16-3, AS AMENDED BY P.L.1-2002, SECTION 47, IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 3. (a) An identification card must have the same dimensions and shape as a driver's license, but the card must have markings sufficient to distinguish the card from a driver's license.

(b) The front side of an identification card must contain the following information about the individual to whom the card is being issued:

- (1) Full legal name.
- (2) Mailing address and, if different from the mailing address, the residence address.
- (3) Date of birth.
- (4) Date of issue and date of expiration.
- (5) Distinctive identification number or Social Security account number, whichever is requested by the individual.
- (6) Sex.
- (7) Weight.
- (8) Height.
- (9) Color of eyes and hair.
- (10) **Reproduction of the** signature of the individual identified.
- (11) Whether the individual is blind (as defined in IC 12-7-2-21(1)).
- (12) If the individual is less than eighteen (18) years of age at the time of issuance, the dates on which the individual will become:

(A) eighteen (18) years of age; and

(B) twenty-one (21) years of age.

(13) If the individual is at least eighteen (18) years of age but less than twenty-one (21) years of age at the time of issuance, the date on which the individual will become twenty-one (21) years of age.

(14) Photograph or computerized image.

(c) The information contained on the identification card as required by subsection (b)(12) or (b)(13) for an individual who is less than twenty-one (21) years of age at the time of issuance shall be printed perpendicular to the bottom edge of the permit or license."

Renumber all SECTIONS consecutively.

(Reference is to HB 1968 as introduced.)  
and when so amended that said bill do pass.

Committee Vote: yeas 13, nays 0.

RESKE, Chair

Report adopted.

The House recessed until the fall of the gavel.

#### RECESS

The House reconvened at 2:35 p.m. with the Speaker in the Chair.

Representatives GiaQuinta and Hinkle were excused.

#### REPORTS FROM COMMITTEES

##### COMMITTEE REPORT

Mr. Speaker: Your Committee on Elections and Apportionment, to which was referred House Bill 1541, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 3-5-2-26.2 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE UPON PASSAGE]: **Sec. 26.2. "HAVA" refers to the federal Help America Vote Act of 2002 (42 U.S.C. 15301 through 15545). A reference to:**

**(1) "Section 101" of HAVA is a reference to 42 U.S.C. 15301; and**

**(2) "Section 102" of HAVA is a reference to 42 U.S.C.**



**15302."**

Page 1, between lines 13 and 14, begin a new paragraph and insert:

"SECTION 2. IC 3-5-2-53 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 53. "Voting system" means **the following:**

**(1) Before January 1, 2006,** a combination of mechanical, electromechanical, or electronic equipment that is used to cast and count votes. The term includes the software and firmware required to program and to control the equipment. Equipment that is not an integral part of a voting system but that can be used as an adjunct to the system is considered to be a component of the system.

**(2) After December 31, 2005, as provided in 42 U.S.C. 15481:**

**(A) the total combination of mechanical, electromechanical, or electronic equipment (including the software, firmware, and documentation required to program, control, and support that equipment) that is used:**

- (i) to define ballots;**
- (ii) to cast and count votes;**
- (iii) to report or display election results; and**
- (iv) to maintain and produce any audit trail information; and**

**(B) the practices and associated documentation used:**

- (i) to identify system components and versions of those components;**
- (ii) to test the system during its development and maintenance;**
- (iii) to maintain records of system errors and defects;**
- (iii) to determine specific system changes to be made to a system after the initial qualification of the system; and**
- (iv) to make available any materials to the voter (such as notices, instructions, forms, or paper ballots)."**

Page 2, delete lines 36 through 37.

Page 2, line 38, delete "2." and insert "1."

Page 2, line 39, delete "4" and insert "3".

Page 2, line 40, delete "3." and insert "2."

Page 2, line 42, delete "4." and insert "3."

Page 3, line 6, delete "of the" and insert "of HAVA."

Page 3, line 7, delete "federal act."

Page 3, line 8, after "of" insert "HAVA."

Page 3, delete line 9.

Page 3, line 10, delete "of the" and insert "of HAVA."

Page 3, line 11, delete "federal act."

Page 3, line 12, after "of" insert "HAVA."

Page 3, delete line 13.

Page 3, line 14, delete "Title II, Subtitle D, Part 1" and insert "**42 U.S.C. 15401 through 42 U.S.C. 15408.**"

Page 3, line 16, delete "Title" and insert "**42 U.S.C. 15401 through 42 U.S.C. 15408.**"

Page 3, delete line 17.

Page 3, lines 37, delete "5." and insert "4."

Page 3, line 37, delete "the federal act" and insert "HAVA".

Page 3, line 40, delete "December 31, 2000," and insert "**November 7, 2000.**"

Page 3, line 41, delete "the federal act" and insert "HAVA".

Page 4, line 2, delete "the" and insert "HAVA".

Page 4, delete line 3.

Page 4, line 5, delete "the federal act" and insert "HAVA".

Page 4, line 6, delete "6." and insert "5."

Page 4, line 6, delete "the federal act" and insert "HAVA".

Page 4, line 9, delete "December 31, 2000," and insert "**November 7, 2000.**"

Page 4, line 21, delete "7." and insert "6."

Page 4, line 22, delete "Title II, Subtitle D, Part 1 of the federal act" and insert "**42 U.S.C. 15401 through 42 U.S.C. 15408.**"

Page 4, line 23, delete "Title III of the federal act" and insert "**42 U.S.C. 15481 through 42 U.S.C. 15502.**"

Page 4, line 24, delete "Section 251(b) of the federal act," and insert "**42 U.S.C. 15401(b).**"

Page 4, line 25, delete "Title II, Subtitle D, Part 1 of the federal act" and insert "**42 U.S.C. 15401 through 42 U.S.C. 15408.**"

Page 4, line 26, delete "the federal" and insert "HAVA".

Page 4, line 27, delete "act".

Page 4, line 27, after "by" insert "**42 U.S.C. 15401(b)(2)(B).**"

Page 4, delete line 28.

Page 4, line 31, delete "Section 251(b)(2)(B)" and insert "**42 U.S.C. 15401(b)(2)(B).**"

Page 4, line 32, delete "Title II, Subtitle D," and insert "**42 U.S.C. 15401 through 42 U.S.C. 15408.**"

Page 4, line 33, delete "Part 1 of the federal act".

Page 4, line 34, delete "8." and insert "7."

Page 4, line 42, delete "December 30, 2000." and insert "**November 7, 2000.**"

Page 5, line 9, delete "chapter and the" and insert "**chapter and HAVA.**"

Page 5, delete line 10, begin a new paragraph and insert:

"**Sec. 8. (a) As used in this section, "department" refers to the Indiana department of administration established by IC 4-13-1-2.**

**(b) The department shall award quantity purchase agreements to vendors for new voting systems or upgrades or expansion of existing voting systems by counties.**

**(c) The department may not issue a quantity purchase agreement for a voting system that does not satisfy the requirements for voting systems established under this title.**

**(d) A quantity purchase agreement awarded under this section must include options for a county to:**

- (1) purchase;**
- (2) lease-purchase; or**
- (3) lease;**

**new voting systems or upgrades or expansion of existing voting systems.**

**(e) A quantity purchase agreement awarded under IC 3-11-6.5-1 (before its repeal) that otherwise complies with the requirements of this section is valid under this section."**

Page 5, line 13, delete "precinct" and insert "**polling place**".

Page 5, line 19, delete "Sections 261 through 265 of the Help America" and insert "**42 U.S.C. 15421 through 42 U.S.C. 15425.**"

Page 5, line 20, delete "Vote Act of 2002".

Page 5, line 20, after "to" insert "**do the following:**".

Page 5, line 20, delete "make" begin a new line block indented and insert:

**"(1) Make"**

Page 5, between lines 25 and 26, begin a new line block indented and insert:

**"(2) Provide individuals with disabilities and the other individuals described in subdivision (1) with information about the accessibility of polling places, including outreach programs to inform those individuals about the availability of accessible polling places.**

**(3) Train election officials, poll workers, and election volunteers on how best to promote the access and participation of individuals with disabilities in elections for federal office."**

Page 5, line 27, delete "Sections 261 through 265 of the" and insert "**42 U.S.C. 15421 through 42 U.S.C. 15425.**"

Page 5, line 28, delete "Help America Vote Act,"

Page 5, line 29, after "under" insert "**42 U.S.C. 15423.**"

Page 5, delete line 30.

Page 5, line 36, delete "(a)".

Page 5, delete lines 41 through 42.

Page 6, delete line 1.

Page 6, line 17, after "section." insert "**The county election board shall provide information required by the election division under this section not later than deadlines established by the election division.**"

Page 7, line 20, after "9-24-11" insert "."

Page 7, line 20, strike "or the individual's identification card number issued".

Page 7, strike line 21.  
 Page 7, line 23, after "9-24-11" insert ",".  
 Page 7, line 23, strike "or identification card issued under IC 9-24-16,".  
 Page 7, line 28, delete "The number assigned to the individual under this".  
 Page 7, delete lines 29 through 31.  
 Page 7, line 35, delete "(e)".  
 Page 7, line 35, strike "A voter's identification number may not be changed".  
 Page 7, strike lines 36 through 37.  
 Page 7, line 38, reset in roman "(e)".  
 Page 7, line 38, delete "(f)".  
 Page 8, line 26, delete "Section 303(b)(4)(A) of the Help America Vote" and insert "**42 U.S.C. 15483(b)(4)(A).**".  
 Page 8, delete line 27.  
 Page 8, line 30, delete "Section 303(b) of the Help America" and insert "**42 U.S.C. 15483(b).**".  
 Page 8, delete line 31.  
 Page 8, line 35, after "by" insert "**42 U.S.C. 15483(b)(4)(A)(i),** the".  
 Page 8, delete line 36.  
 Page 8, line 42, delete "If" and insert "**As provided by 42 U.S.C. 15483(b)(4)(B), if**".  
 Page 10, delete lines 1 through 4.  
 Page 10, line 15, delete "Section 303 of the federal" and insert "**42 U.S.C. 15483.**".  
 Page 10, delete line 16.  
 Page 11, line 17, delete ":".  
 Page 11, line 18, delete "(1)".  
 Page 11, line 18, strike "the commission adopts a resolution to delay implementation;".  
 Page 11, delete lines 19 through 20.  
 Page 11, line 21, delete "(1)".  
 Page 11, run in lines 17 through 21.  
 Page 11, line 22, delete "Section 303(d)(1)(B) of" and insert "**42 U.S.C. 15483(d)(1)(B).**".  
 Page 11, delete line 23.  
 Page 11, strike lines 24 through 31.  
 Page 11, line 32, strike "(d) The commission may".  
 Page 11, line 33, strike "amend a resolution adopted under this section".  
 Page 11, line 35, strike "(e)" and insert "(c)".  
 Page 11, line 35, strike "commission adopts" and insert "**election division makes**".  
 Page 11, line 36, strike "resolution" and insert "**certification**".  
 Page 11, line 37, strike "resolution".  
 Page 11, line 37, delete "and a copy of the".  
 Page 11, line 38, delete "(b)(2)" and insert "(b)".  
 Page 11, line 42, delete "(f)" and insert "(d)".  
 Page 12, line 8, delete "3" and insert "2".  
 Page 12, delete lines 9 through 10.  
 Page 12, line 11, delete "3." and insert "2".  
 Page 12, line 13, delete "4." and insert "3".  
 Page 12, line 16, delete "Section 255 of the federal" and insert "**42 U.S.C. 15405.**".  
 Page 12, delete line 17.  
 Page 12, line 18, delete "One (1) circuit court clerk appointed by each of the" and insert "**Other individuals appointed by the co-directors in conformance with 42 U.S.C. 15405.**".  
 Page 12, delete lines 19 through 32.  
 Page 12, line 33, delete "5." and insert "4".  
 Page 12, line 33, delete "the co-directors".  
 Page 12, line 34, delete "Section 254 of the federal act." and insert "**42 U.S.C. 15404.**".  
 Page 12, delete line 35.  
 Page 12, line 36, delete "7." and insert "5".  
 Page 12, line 37, delete "Title II, Subtitle D, Part I of the federal act." and insert "**42 U.S.C. 15401 through 42 U.S.C. 15408.**".  
 Page 12, line 38, delete "8." and insert "6".  
 Page 13, line 16, delete "9." and insert "7".

Page 13, line 17, after "by" insert "**IC 3-5-9-3.**".

Page 13, delete lines 18 through 24.

Page 16, delete lines 19 through 26, begin a new paragraph and insert:

"SECTION 24. IC 3-11-5-27 IS ADDED TO THE INDIANA CODE AS A NEW SECTION TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: **Sec. 27. This chapter expires January 1, 2006.**".

Page 21, delete lines 21 through 22, begin a new line block indented and insert:

**"(2) A voting system must do the following:**

**(A) Permit the voter to verify (in a private and independent manner) the votes selected by the voter on the ballot before the ballot is cast and counted.**

**(B) Provide the voter with the opportunity (in a private and independent manner) to change the ballot or correct any error before the ballot is cast and counted (including the opportunity to correct the error through the issuance of a replacement ballot if the voter was otherwise unable to change the ballot or correct any error).**

**(C) If the voter selects votes for more than one (1) candidate for a single office, the voting system must:**

**(i) notify the voter that the voter has selected more than one (1) candidate for a single office on the ballot;**

**(ii) notify the voter before the ballot is cast and counted of the effect of casting multiple votes for the office; and**

**(iii) provide the voter with the opportunity to correct the ballot before the ballot is cast and counted.**

**A voting system must ensure that any notification required under this clause preserves the privacy of the voter and the confidentiality of the ballot.**

**(3) A voting system must produce a record with an audit capacity for the voting system that satisfies the following:**

**(A) The voting system must produce a permanent paper record with a manual audit capacity for the voting system.**

**(B) The voting system must provide the voter with an opportunity to change the ballot or correct any error before the permanent paper record is produced.**

**(C) The paper record produced under clause (A) must be available as an official record for any recount conducted with respect to any election in which the voting system is used.**

**(4) A voting system must provide alternative language accessibility under the requirements of 42 U.S.C. 1973aa-1a.**

**(5) The error rate of a voting system in counting ballots (determined by taking into account only those errors that are attributable to the voting system and not attributable to an act of the voter) must comply with the error rate standards established by the voting systems standards approved by the Federal Election Commission on April 30, 2002."**

Page 21, line 23, delete "(3)" and insert "(6)".

Page 21, line 30, delete "(a)(3)." and insert "(a)(6).".

Page 21, line 32, delete "(a)(3)." and insert "(a)(6).".

Page 23, line 11, delete "After Hours" and insert "**Special Order**".

Page 24, delete lines 9 through 10, begin a new paragraph and insert:

"SECTION 40. IC 3-11-6.5 IS REPEALED [EFFECTIVE JULY 1, 2003]."

Page 25, delete lines 32 through 42.

Page 26, delete lines 1 through 3.

Renumber all SECTIONS consecutively.

(Reference is to HB 1541 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 14, nays 0.

MAHERN, Chair

Report adopted.

## ENGROSSED HOUSE BILLS ON THIRD READING

### Engrossed House Bill 1018

Representative Frenz called down Engrossed House Bill 1018 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning taxation.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 147: yeas 90, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Waterman and Hume.

### Engrossed House Bill 1077

Representative Reske called down Engrossed House Bill 1077 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 148: yeas 96, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Long, Lanane, and Skinner.

### Engrossed House Bill 1082

Representative Weinzapfel called down Engrossed House Bill 1082 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning criminal law and procedure.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 149: yeas 97, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsor: Senator Bray.

### Engrossed House Bill 1144

Representative Crawford called down Engrossed House Bill 1144 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning human services.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 150: yeas 52, nays 45. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators C. Lawson and Antich.

The Speaker yielded the gavel to the Speaker Pro Tempore, Representative Dobis.

### Engrossed House Bill 1151

Representative Lytle called down Engrossed House Bill 1151 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 151: yeas 97, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act?

There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators R. Meeks and Lewis.

### Engrossed House Bill 1175

Representative Kuzman called down Engrossed House Bill 1175 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning utilities and transportation.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 152: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Hershman and Howard.

### Engrossed House Bill 1212

Representative Fry called down Engrossed House Bill 1212 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning trade regulations; consumer sales and credit.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 153: yeas 76, nays 19. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Zakas and Broden.

### Engrossed House Bill 1253

Representative V. Smith called down Engrossed House Bill 1253 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning courts and court officers.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 154: yeas 49, nays 46. The bill failed for the lack of a constitutional majority.

### Engrossed House Bill 1274

Representative Weinzapfel called down Engrossed House Bill 1274 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning labor and industrial safety.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 155: yeas 95, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsor: Senator Harrison.

Representative Yount was excused for the rest of the day.

### Engrossed House Bill 1356

Representative V. Smith called down Engrossed House Bill 1356 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning labor and industrial safety.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 156: yeas 90, nays 2. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Server, Rogers, and S. Smith.

**Engrossed House Bill 1398**

Representative Summers called down Engrossed House Bill 1398 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning health.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 157: yeas 62, nays 33. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Miller, Sipes, and Howard.

**Engrossed House Bill 1492**

Representative Reske called down Engrossed House Bill 1492 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning environmental law.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 158: yeas 93, nays 2. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Hershman and Lanane.

**Engrossed House Bill 1565**

Representative Cochran called down Engrossed House Bill 1565 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning professions and occupations.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 159: yeas 89, nays 3. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Sipes, Borst, and Simpson.

**Engrossed House Bill 1625**

Representative Mahern called down Engrossed House Bill 1625 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning public safety.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass? Representative Turner was excused from voting.

Roll Call 160: yeas 82, nays 11. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsor: Senator Weatherwax.

Representative GiaQuinta, who had been excused, was present.

The Speaker Pro Tempore yielded the gavel to the Speaker.

**Engrossed House Bill 1656**

Representative Bischoff called down Engrossed House Bill 1656 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning natural and cultural resources.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 161: yeas 68, nays 26. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act?

There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Skillman, Weatherwax, Lewis, and R. Young.

Representative Espich was excused for the rest of the day.

**Engrossed House Bill 1692**

Representative Ripley called down Engrossed House Bill 1692 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning insurance.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 162: yeas 93, nays 0. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators Paul, Lewis, Nugent, and Dembowski.

**Engrossed House Bill 1708**

Representative Klinker called down Engrossed House Bill 1708 for third reading:

A BILL FOR AN ACT to amend the Indiana Code concerning taxation.

The bill was read a third time by sections and placed upon its passage. The question was, Shall the bill pass?

Roll Call 163: yeas 91, nays 2. The bill was declared passed. The question was, Shall the title of the bill remain the title of the act? There being no objection, it was so ordered. The Clerk was directed to inform the Senate of the passage of the bill. Senate sponsors: Senators R. Meeks, Rogers, Alting, and Sipes.

**Engrossed House Joint Resolution 9**

Representative C. Brown called down Engrossed House Joint Resolution 9 for third reading:

A JOINT RESOLUTION proposing an amendment to Article 7 of the Constitution of the State of Indiana concerning courts and court officers.

The joint resolution was read a third time by sections and placed upon its passage. The question was, Shall the joint resolution pass? Representative Welch was excused from voting.

Roll Call 164: yeas 47, nays 47. The joint resolution failed for lack of a constitutional majority.

**REPORTS FROM COMMITTEES****COMMITTEE REPORT**

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1047, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, line 6, after "than" insert ":".

Page 1, line 6, after "three" begin a new line double block indented and insert:

**"(A) ten".**

Page 1, line 6, reset in roman "thousand".

Page 1, line 7, before "\$3,000" reset in roman "dollars".

Page 1, line 7, delete "ten thousand dollars".

Page 1, line 7, delete "." and insert "in:

**(i) a county having a population of more than three hundred thousand (300,000) but less than four hundred thousand (400,000); or**

**(ii) a county containing a consolidated city; or**

**(B) six thousand dollars (\$6,000) in a county other than a county described in clause (A)."**

Page 1, line 7, beginning with "The" begin a new line block indented.

Page 1, line 10, delete "ten thousand dollars (\$10,000)" and insert **"the amount applicable to the court under clause (A) or (B)".**

Page 1, line 13, after "three" insert "six".

Page 1, line 14, reset in roman "thousand dollars".

Page 1, line 14, delete "ten thousand dollars (\$10,000)." and insert "\$(\$6,000).".

Page 2, line 26, reset in roman "six thousand dollars".

Page 2, line 27, reset in roman "(\$6,000).".

Page 2, line 27, delete "ten thousand dollars (\$10,000).".

Page 2, line 29, after "in" insert "other".

(Reference is to HB 1047 as printed February 4, 2003.)

and when so amended that said bill do pass.

Committee Vote: yeas 25, nays 0.

CRAWFORD, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Elections and Apportionment, to which was referred House Bill 1098, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, between the enacting clause and line 1, begin a new paragraph and insert:

"SECTION 1. IC 3-9-2-4 IS AMENDED TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]: Sec. 4. (a) During a year **before January 1, 2004**, a corporation or labor organization may not make total contributions in excess of:

(1) an aggregate of five thousand dollars (\$5,000) apportioned in any manner among all candidates for state offices (including a judge of the court of appeals whose retention in office is voted on by a district that does not include all of Indiana);

(2) an aggregate of five thousand dollars (\$5,000) apportioned in any manner among all state committees of political parties;

(3) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all candidates for the senate of the general assembly;

(4) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all candidates for the house of representatives of the general assembly;

(5) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among regular party committees organized by a legislative caucus of the senate of the general assembly;

(6) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among regular party committees organized by a legislative caucus of the house of representatives of the general assembly;

(7) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all candidates for school board offices and local offices; and

(8) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all central committees other than state committees.

(b) This subsection applies to a person other than an individual, a candidate's committee, a regular party committee, a legislative caucus committee, or a political action committee. After December 31, 2003, a person may not make total contributions in excess of:

(1) an aggregate of five thousand dollars (\$5,000) apportioned in any manner among all candidates for state offices (including a judge of the court of appeals whose retention in office is voted on by a district that does not include all of Indiana);

(2) an aggregate of five thousand dollars (\$5,000) apportioned in any manner among all state committees of political parties;

(3) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all candidates for the senate of the general assembly;

(4) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all candidates for the house of representatives of the general assembly;

(5) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among regular party

committees organized by a legislative caucus of the senate of the general assembly;

(6) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among regular party committees organized by a legislative caucus of the house of representatives of the general assembly;

(7) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all candidates for school board offices and local offices; and

(8) an aggregate of two thousand dollars (\$2,000) apportioned in any manner among all central committees other than state committees."

Page 4, line 18, after "(c)" insert "This subsection does not require information to be reported regarding a contribution or a loan made before January 1, 2004."

Renumber all SECTIONS consecutively.

(Reference is to HB 1098 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 8, nays 6.

MAHERN, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1130, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

Committee Vote: yeas 26, nays 0.

CRAWFORD, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Ways and Means, to which was referred House Bill 1139, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

Committee Vote: yeas 25, nays 1.

CRAWFORD, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1536, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 7, line 35, delete "performs." and insert "**performs and is qualified to perform.**"

Page 9, line 2, after "include" insert "**subcutaneous**".

Page 11, between lines 28 and 29, begin a new paragraph and insert:

"(c) This chapter does not exempt a physician assistant from the requirements of IC 16-41-35-29."

Page 11, line 37, after "physician." insert "If after two (2) consecutive visits to a physician assistant the condition of the patient for which treatment has been administered has not improved, the patient must be seen by the physician."

Page 11, line 38, delete "A working diagnosis" and insert "An assessment of the condition of the patient that is".

Page 11, line 41, delete "final".

Page 12, line 22, delete "." and insert "by meeting the following conditions:

(A) Being certified in advanced cardiopulmonary life support.

(B) Having knowledge of and training in the medications used in conscious sedation, including recommended doses, contraindications, and adverse reactions."

(Reference is to HB 1536 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 11, nays 1.

C. BROWN, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Agriculture, Natural Resources and Rural Development, to which was referred House Bill 1571, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 3, delete lines 3 through 42, begin a new paragraph and insert:

"SECTION 4. IC 15-4-14 IS ADDED TO THE INDIANA CODE AS A NEW CHAPTER TO READ AS FOLLOWS [EFFECTIVE JULY 1, 2003]:

##### Chapter 14. Seed Contracts

Sec. 1. (a) Except as provided in section 2 of this chapter, this chapter applies to a seed contract for seed that is planted in Indiana.

(b) Other applicable Indiana law not in conflict with this chapter applies to a seed contract.

Sec. 2. This chapter does not apply to either of the following:

- (1) A seed contract entered into before January 1, 2004.
- (2) A production contract.

Sec. 3. The definitions set forth in IC 15-4-13 apply throughout this chapter.

Sec. 4. (a) A seed contract is not enforceable against a farmer unless:

- (1) the farmer; or
- (2) an individual explicitly authorized by the farmer to sign the contract on the farmer's behalf;

has signed the contract.

(b) If a farmer or a person authorized by the farmer accepts delivery of seed before the farmer or an individual explicitly authorized by the farmer signs the seed contract, the following apply:

- (1) There is an agreement between the farmer and the seed supplier consisting of the bargain of the parties in fact as found in their language or by implication from other circumstances, including course of dealing, usage of trade, or course of performance.
- (2) The farmer is not bound by any written provision in the seed contract until the farmer or an individual explicitly authorized by the farmer signs the seed contract.

Sec. 5. (a) The provisions of this chapter are considered to be a part of every seed contract.

(b) A seed contract is not required to contain or restate any provision of this chapter.

(c) A bag or other container used by the seed supplier to deliver the seed to the farmer is not required to bear a label or any other writing containing or restating any provision of this chapter. A provision found on a label or any other writing on a seed bag or container inconsistent with this chapter is not enforceable against a farmer.

(d) The failure of a seed supplier to state any provision of this chapter in a seed contract, on a label, or in any other writing on a seed bag or container is not considered a violation of this chapter.

Sec. 6. A provision of a seed contract in conflict with this chapter is void.

Sec. 7. A provision of a seed contract that purports to waive a provision of this chapter is void.

Sec. 8. A seed contract is governed by the laws of Indiana.

Sec. 9. (a) If a seed contract purports to choose the laws of a jurisdiction other than Indiana to govern the contract, the choice is not enforceable.

(b) If a seed contract purports to choose a forum that would not otherwise have jurisdiction over the farmer, the choice is not enforceable.

#### Sec. 10. Communications:

(1) between a farmer and:

- (A) a member of the farmer's immediate family;
- (B) an attorney;
- (C) an accountant;
- (D) a professional advisor; or
- (E) a partner, an associate, or another individual engaged with the farmer in the farming enterprise for which the seed was purchased;

(2) regarding the terms of a seed contract; and

(3) made for the purpose of giving advice to the farmer;

are not a breach of a confidentiality provision in a seed contract.

#### Sec. 11. If:

(1) a product in which the seed supplier has rights is possessed by the farmer or found on real property owned or occupied by the farmer; and

(2) the presence of the product is de minimus or not intended by the farmer;

the farmer is not liable for breach of the seed contract or violation of any of the seed supplier's property rights.

Sec. 12. (a) This section does not apply to a dispute between seed suppliers.

(b) A farmer has a right of action against a seed supplier if the seed supplier attempts to enforce against the farmer:

- (1) contract rights arising under a seed contract that violates this chapter; or
- (2) any property rights in seed provided under a seed contract that violates this chapter.

(c) If a farmer successfully prosecutes a claim or asserts a defense in an action filed under this section, the court shall, in addition to actual damages proven by the farmer, award to the farmer reasonable attorney's fees, reasonable litigation costs, and court costs if the court finds any of the following:

- (1) The seed supplier brought the action on a claim or maintained a defense that is frivolous, unreasonable, or groundless.
- (2) The seed supplier continued to litigate the action or defense after the seed supplier's claim or defense clearly became frivolous, unreasonable, or groundless.
- (3) The seed supplier litigated the action in bad faith."

Page 4, delete lines 1 through 28.

Renumber all SECTIONS consecutively.

(Reference is to HB 1571 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 9, nays 3.

BISCHOFF, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Public Health, to which was referred House Bill 1643, has had the same under consideration and begs leave to report the same back to the House with the recommendation that said bill be amended as follows:

Page 1, delete lines 14 through 16, begin a new line block indented and insert:

"(2) Issuing a plan card that is valid for one (1) year to an individual whom:

- (A) the office has determined is eligible for the Health Indiana program; and
- (B) has paid the office a registration fee of ten dollars (\$10)."

(Reference is to HB 1643 as introduced.)

and when so amended that said bill do pass.

Committee Vote: yeas 12, nays 0.

C. BROWN, Chair

Report adopted.

#### COMMITTEE REPORT

Mr. Speaker: Your Committee on Elections and Apportionment, to which was referred House Bill 1980, has had the same under

consideration and begs leave to report the same back to the House with the recommendation that said bill do pass.

Committee Vote: yeas 14, nays 0.

MAHERN, Chair

Report adopted.

## OTHER BUSINESS ON THE SPEAKER'S TABLE

### Referrals to Ways and Means

The Speaker announced, pursuant to House Rule 127, that House Bill 1541 had been referred to the Committee on Ways and Means.

The Speaker announced that the referral of House Bill 1120 to the Committee on Ways and Means pursuant to House Rule 127 had been withdrawn.

### Reassignments

The Speaker announced the following reassignments:

House Bill 1662 from the Committee on Financial Institutions to the Committee on Labor and Employment.

House Bill 2008 from the Committee on Rules and Legislative Procedures to the Committee on Ways and Means.

House Bill 2009 from the Committee on Rules and Legislative Procedures to the Committee on Ways and Means.

### HOUSE MOTION

Mr. Speaker: I move that when we do adjourn, we adjourn until Monday, February 24, 2003 at 1:00 p.m.

HASLER

Motion prevailed.

### MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the Senate has passed Engrossed Senate Bills 109, 230, 256, 341, 365, 416, and 435 and the same are herewith transmitted to the House for further action.

MARY C. MENDEL

Principal Secretary of the Senate

### MESSAGE FROM THE SENATE

Mr. Speaker: I am directed by the Senate to inform the House that the Senate has passed Senate Concurrent Resolution 14 and the same is herewith transmitted to the House for further action.

MARY C. MENDEL

Principal Secretary of the Senate

### PETITION TO CHANGE VOTING RECORD

Mr. Speaker: Pursuant to House Rule 75, I hereby petition to change my voting record on the third reading of Engrossed House Bill 1082, Roll Call 149, on February 20, 2003. In support of this petition, I submit the following reason:

"I was present, but unable to vote before the machine had closed. I intended to vote yea."

FOLEY

There being a constitutional majority voting in favor of the petition, the petition was adopted. [*Journal Clerk's note: this changes the vote tally for Roll Call 149 to 97 yeas, 0 nays.*]

### HOUSE MOTION

Mr. Speaker: I move that Representative Koch be added as coauthor of House Bill 1047.

ULMER

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative Kruse be added as coauthor of House Bill 1056.

GOODIN

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative Stutzman be added as coauthor of House Bill 1171.

HERRELL

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative Richardson be added as coauthor of House Bill 1285.

AUSTIN

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative C. Brown be added as coauthor of House Bill 1379.

BISCHOFF

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative Richardson be added as coauthor of House Bill 1383.

BISCHOFF

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative Kruse be added as coauthor of House Bill 1393.

BISCHOFF

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representatives Yount and Burton be added as coauthors of House Bill 1425.

DVORAK

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative LaPlante be added as coauthor of House Bill 1565.

COCHRAN

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative LaPlante be added as coauthor of House Bill 1653.

BARDON

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative LaPlante be added as coauthor of House Bill 1656.

BISCHOFF

Motion prevailed.

### HOUSE MOTION

Mr. Speaker: I move that Representative Cherry be removed as author of House Bill 1671, Representative Bottorff be substituted as



author, and Representative Cherry be added as coauthor.

CHERRY

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Wolkins. be added as coauthor of House Bill 1671.

BOTTORFF

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Frizzell be added as coauthor of House Bill 1696.

CRAWFORD

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Ruppel be added as coauthor of House Bill 1808.

BISCHOFF

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Ayres be added as coauthor of House Bill 1894.

STEVENSON

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Kruse be added as coauthor of House Bill 1896.

DVORAK

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Ruppel be added as coauthor of House Bill 1935.

OXLEY

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Goodin be added as coauthor of House Bill 1944.

THOMPSON

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Stutzman be added as coauthor of House Bill 1968.

THOMPSON

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representatives Budak, Gutwein, and Day be added as coauthors of House Bill 1972.

STILWELL

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Crawford be added as author of House Bill 2008.

CRAWFORD

Motion prevailed.

HOUSE MOTION

Mr. Speaker: I move that Representative Crawford be added as author of House Bill 2009.

CRAWFORD

Motion prevailed.

Pursuant to House Rule 60, committee meetings were announced.

On the motion of Representative GiaQuinta, the House adjourned at 4:40 p.m., this twentieth day of February, 2003, until Monday, February 24, 2003, at 1:00 p.m.

B. PATRICK BAUER

Speaker of the House of Representatives

DIANE MASARIU CARTER

Principal Clerk of the House of Representatives